

This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

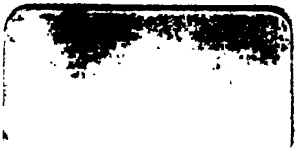
Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

HC 4DE3 K

Digitized by Google

No. .....

BOSTON
MEDICAL LIBRARY
ASSOCIATION,
19 BOYLSTON PLACE.



Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

B. 8 vol 4

VOLUME II. 1881-1882.

THE PEORIA

MEDICAL MONTHLY

A JOURNAL

Devoted to Medicine and Surgery.

BOSTON MEDICAL LIBRARY
JUL 12 1888

ONE DOLLAR PER ANNUM.

EDITORS:

J. MURPHY, M. D. J. L. HAMILTON, M. D. H. STEELE, M. D.

THOS. M. McILVAINE, A. M., M. D.,

Managing Editor and Publisher.

PEORIA, ILL.:
204 South Jefferson Street.
1882.

Digitized by Google

CATALOGUED,
R. F. D.
7/12/88

CONTRIBUTORS TO VOLUME II.

Dr. A. B. Allen.
" *Robert Boal.*
" *E. Brendel.*
" *S. J. Bumstead.*
" *W. J. Chenowith.*
" *H. L. Cokenower.*
" *G. L. Corcoran.*
" *A. S. Core.*
" *R. J. Curtiss.*
" *F. Drude.*
V. H. Dumbeck, Esq.
Dr. Hugo Erichsen.
" *W. V. Grimes.*
" *W. E. Guthrie.*
" *S. M. Hamilton.*
" *J. W. Hensley.*
" *N. Holton.*
" *H. C. Hopper.*
" *S. Hubbard.*
" *H. S. Hurd.*
" *G. N. Jennings.*
" *A. H. Kinnear.*
Dr. L. L. Leeds.
" *J. Little.*
" *H. M. Lyman.*
" *C. B. Maclay.*
N. Grier Moore, Esq.
Dr. John Murphy.
" *H. Robarts.*
" *F. C. Robinson.*
" *J. A. Robinson.*
" *Robert Roskoten.*
" *J. P. Ross.*
" *F. T. Searles.*
" *J. T. Stewart.*
" *J. A. Stites.*
" *John Stout.*
" *G. A. Stuart.*
" *F. C. Vandervort.*
" *W. H. Veatch.*
" *J. P. Walker.*
" *J. H. Warren.*
" *O. B. Will.*
G. A. Wilson, Esq.

Transcript Publishing Co, Printers, Peoria, Ill.

Digitized by Google

TABLE OF CONTENTS.

VOLUME II.

ORIGINAL COMMUNICATIONS.

PAGE.

A Classification of the Causes, Dangers, Symptoms, Treatment and Sequels of Complicated Labor 360
Acute Rheumatism—Considered and Treatment 344, 445
An Address Before the Adams County Medical Society 49
Another Malpractice Suit 97
Asthma and Its Treatment 366
Asthma—Treated by Electricity 432
Balm of Gilead—Plantain 396
Black Haw 206
Blistering or Vesicating for Intermittent Fever 489
Bright's Disease—Venesection in 299
Case of Empyema—Treatment by Irrigation; Recovery 45
Case of Cancer of the Stomach, Involving the Liver and Gall—Bladder with Autopsy 204
Case of Imperforate Hymen 48
Case of Imperforate Hymen 131
Case of Icthyosis 208
Case of Ovarian Abscess with Post-Mortem 47
Case of Slow Pulse 255
Case of Tansey Poisoning 294
Chronic Ulcer 487
Clinical Contributions to Electrical Therapeutics 247, 329, 387, 429, 473
Colles' Fracture 83, 161
Congenital Obstruction of the Intestines, with Post Mortem 99
Confusion Worse Confounded 92
Compensation for Professional Services to the Public in Sanitary Affairs ... 471
Death From Tobacco Poisoning 452
Diabetes Mellitus 87
Diseases of Domestic Animals 6
Dislocation of the Sternal Extremity of the Right Clavicle Successfully Treated 250
Does the Child at Full Term Have Any Influence by its Instincts in Producing Labor 450
Domestic Animals—Diseases of 6
Electrical Therapeutics 247, 329, 387, 429, 473
Empyema—Case of; Treatment by Irrigation 45
Euthanæsia 90
Excessive Use of Diuretics the Cause of the Increase of Kidney Diseases .. 1
Facial Paralysis Treated by Electricity 430
Fracture of the Pubes and Other Injuries 129
Gunshot Wound of Intestine—Recovery 210
Hang Nails 98
Hygiene 172
Hypermetropia 169
Icthyosis—Case of 208
Inunctions in Scarlatina 209
Imperforate Hymen 48, 131
Laryngoscopic Notes 13
Lithotomy or Lithotrity 51

Digitized by Google

ORIGINAL COMMUNICATIONS—Continued.

PAGE.
Local Paralysis and of Sixth Nerve—Treated by Electricity..... 429
Medical Magazine Literature..... 397
Myopia 334
Obstruction of the Intestines—Congenital, with Post Mortem..... 99
Opium Paralysis Treated by Electricity..... 435
Ovarian Abscess—Case of, with Post Mortem..... 47
Pancreas—The 41
Paralysis of the Uterus..... 437
Paraplegia From Spinal Concussion..... 436
Pharmacists versus Physicians..... 251
Plantain..... 396
Production of the Sexes—Theories on..... 53
Professional Prostitutes..... 121
Prolapsus Uteri..... 439
Pyæmia..... 212
Relief of Pain by Electricity..... 247
Removal of the Afterbirth..... 340
Report of a Post Mortem. Was it Cancer of the Liver..... 254
Registration of Births, Marriages and Deaths..... 203
Rubeola, or Variola..... 440
Rupture of the Drumhead From a Box on the Ear—Recovery..... 128
Scarlatina—Inunctions in..... 209
Sciatica—Treated by Electricity..... 247
Science and Art in Medicine..... 295
Slow Pulse—Case of..... 255
Small-Pox..... 12
Some Considerations Relative to Acute Rheumatism and its Treatment.344, 445, 483
Splints—Use and Abuse of in Fractures About the Elbow..... 289
Sub-Luxation of the Humerus—Failure of Dugas' Test..... 10
Sunstroke—Notes on..... 104
Summer Heat and Summer Diseases..... 167
Theories of the Production of the Sexes..... 53
Tinea Capitis—Treatment of..... 364
Tobacco Poisoning—Death from..... 452
Trachelorrhaphy in Private Practice..... 352
Typho-Malarial Fever..... 300
Urinalysis..... 125
Use and Abuse of Splints in Fractures About the Elbow..... 289
Vaccinal Urticaria..... 399
Venesection in Bright's Disease, with Dilitation of the Heart..... 299

CLINICAL LECTURES.

Chronic Follicular Enteritis, Dr. Wm. Pepper..... 135
Exophthalmic Goitre, Dr. J. P. Ross..... 100
Injury to the Head, Dr. H. M. Lyman..... 15
Notes from Dermatological Clinic of Dr. J. N. Hyde..... 371
Spinal Cirrhosis, Dr. J. M. Da Costa..... 54
Use of Suspensory Bandage in Affections of the Testis, Especially Those of a Venereal Nature, Dr. F. R. Sturgis..... 102

TRANSLATIONS.

A Remarkable Case..... 132
Bicarbonate of Soda in Burns..... 133
Chlorate of Potassium in the Hemorrhagic Diathesis..... 133
Etiology of Parotitis..... 176
Iodoform..... 217
New Use of Pepsin..... 217
Pancreatine..... 216
Skoda..... 175
Vaginismus..... 176

Digitized by Google

CORRESPONDENCE.

PAGE.
A Normal Bruit Heard in a Portion of the Heads of Small Children..... 402
A Note from Dr. Reader..... 499
A Pharmacist's Plea..... 373
A Reply to Pharmacist..... 455
A Second Daniel Come to Judgment..... 149
Another Reply to "Confusion Worse Confounded"..... 188
Medical Miscegenation, or the New Code of the New York State Medical Society..... 495
Physicians versus Druggists..... 255
Physicians and Druggists..... 302
Relation of the Profession to the Medical Act..... 57
Reply to Dr. Walker..... 257
Slow Pulse..... 259
The West Heard From..... 457
Vaccinia or Vaccinal Urticaria..... 454
Vaccinal Urticaria..... 493

MEDICAL JURISPRUDENCE.

Some Legal Responsibilities and Duties of the Medical Practitioner..... 367
The Medico-Legal Aspect of Responsibility, with Special Reference to Guiteau and the Death Penalty..... 403
Validity of Wills, and the Value and Importance of Medical Evidence in Relation Thereto..... 491

PERISCOPE.

A Sample of British Humor..... 459
A Modification of Lister's Antiseptic Dressing..... 412
Administration of Anæsthetics—Cod Liver Oil..... 226
Ainhum..... 233
Angels' Whispers..... 275
Apocynum Canabinum and Anasarca..... 229
Aneurism—Mimic or Phantom..... 269
Asthma..... 28
Aspiration of the Gall Bladder..... 222
Anal Fissure—Importance of in Treatment of Diseases of Women..... 142
Aneurism—New Physical Sign of Thoracic..... 275
Battey's Operation—Oophorectomy.....140, 418
Benefits of the Antiseptic Method Illustrated by Compound Fractures..... 230
Beware of Chloroforming Women Without an Attendant..... 27
Biliousness..... 273
Birth Marks..... 275
Brief Report of One Hundred Cases of Rœtheln..... 184
Biliary Calculi—Hygienic Treatment of..... 229
Burns From Mineral Acids..... 113
Buboes—Sulphide of Calcium in..... 26
Catarrh and Dyspepsia..... 23
Cavities in the Lungs—Opening and Drainage of..... 411
Chloral in Cases of Rigid Os Uteri..... 107
Cocculus Indicus in Epilepsy..... 180
Copaiva in Sciatica..... 74
Coup de Fonet on Rupture of the Plantaris..... 182
Cause of Sudden Death During the First Stage of Chloroform Inhalation... 24
Constipation..... 226
Croup..... 505
Deafness as the Result of the Poison of Syphilis..... 185
Does Vaccination Protect..... 415
Diphtheria—Juglans Nigra in..... 22
Diphtheria—Local Treatment of..... 228
Dysentery—Injection for..... 461
Earache and Its Treatment..... 17
Effects of Smoking..... 25
Effects of Dram Drinking..... 226

Digitized by Google

PERISCOPE—Continued.

PAGE.
Ethylate of Sodium in Nævus 225
Explosive Mixtures 417
Excessive Lochial Discharges—Treatment in Cases of 18
External Use of Castor Oil 502
External Use of Jaborandi in Mammary Inflammations 269
Fissure of the Anus 224
French Faculties of Medicine 461
Fractured Clavicle—Plaster of Paris in Treatment of 22
Fractures—Intra-Capsular 270
Functional Disturbance of the Heart 503
Genital Reflex—Four Cases of 267
Goitre 226
Grave Prognosis Happily Ended 266
Hemorrhage of the Rectum Treated by Pyrogallic Acid 113
Hystero-Neurosis of the Stomach in Pregnancy 108
Hypodermic Injection in Nævus 140
Inhalations of Ether in Pneumonia 502
Intra-Capsular Fractures 270
Importance of Anal Fissure in the Treatment of Diseases of Women 142
Iodide of Potassium in Frontal Headache 504
Iodoform for Wounds 461
Juglans Nigra in Diphtheria 22
Labor—Why Does It Come On 274
Listerism in Germany 179
Local Treatment of Diphtheria 228
Mammary Inflammation—External Use of Jaborandi in 269
Mammitis—Treatment of 141
Management of Perinæum During Labor 186
Mineral Acids in Summer Diarrhœa 226
Milk Indigestion in Young Children 414
Mimic or Phantom Aneurisms 269
Morphia and Chloroform in Anæsthesia 228
Microscopical Examination of Blood on the Diagnosis of Disease 148
Nævus—Ethylate of Sodium in 225
Nævus—Hypodermic Injection in 140
Nerve Stretching in Tabes 490
New Physical Sign in Thoracic Aneurism 275
New Remedies 16
Nostrums in Their Relation to Public Health 228
Notes of Treatment From the Clinics 226
On the Semeiotic of the Tongue 262
Oophorectomy 418
Opening and Drainage of Cavities in the Lungs 411
Ovariotomy—Percentage of Mortality 275
Painful Affection of Foot (of Morton), with a Case 272
Placenta as a Tampon—The 187
Primary Chloroform Anæsthesia 503
Ptyalism—Prevention of 226
Puerperal Fever 106
Quebracho 177
Rectal Abscesses—Treatment of 26
Rectal Fistula 380
Relation of Manufacturing Pharmacists to the Medical Profession 19
Removal of the Spleen 218
Removal of Warts 503
Report of Select Committee on Contagious Diseases Act 231
Resection of the Intestines 218
Resection of the Stomach 218
Restoration of the Inverted Uterus 502
Retained Placenta—Removal of 58
Rigid Os Uteri—Hydrate of Chloral in 107
Salicine in Sciatica 505
Sanitary Examinations of Water 143

Digitized by Google

PERISCOPE—Continued.

PAGE.
Sciatica—Copaiva in..... 74
Semeiotic of the Tongue..... 262
Small-Pox Aborted by Vaccination—Case of..... 227
Small-Pox—Cooling Treatment of..... 379
Some Practical Hints to Recent Graduates..... 20
Sulphide of Calcium in Buboes..... 26
Talipes—Some Points in the Treatment of..... 177
Tampon—The Placenta as a..... 187
Tinctura Ferri Perchlor..... 180
The Treatment of the Future..... 230
Tonsillitis..... 27
Transplantation of Medullary Structure, Producing New Bone..... 192
Tracheotomy..... 218
Transplantation of Bone..... 218
Treatment of Nasal Catarrh..... 504
"Use as Directed"..... 460
Uterine Sub-Involution—Treatment of..... 221
Vaccine Virus..... 460
Vaccination Protect—Does..... 415
Vehicles for Absorption..... 502
Women in Labor—The Best Position for..... 410

THERAPEUTIC NOTES.

Acne Punctata..... 193
Aconite in Pneumonia..... 237
Acute Rheumatism..... 193
Anti-Emetic..... 321
Alkaline Mixture..... 419
Alkaline Mixture—Dr. Hawley's..... 419
Aphrodisiacs..... 381
Anæmia of Chlorosis..... 29
Asthma—Fuming Inhalations in..... 237
Barber's Itch..... 321
Bilious Headache, with Flatulence..... 381
Boils, Carbuncles and Pustular Acne..... 110
Carbolized Vaseline (Saturated)..... 419
Catarrh—For Dry..... 321
Catarrh Remedy—Hager's..... 193
Caustic Powder—Esmarch's..... 110
Cerebral Hemorrhage Treated by Sub-Cutaneous Injections of Ergotine..... 75
Cholera Infantum..... 75
Cholera Infantum..... 110
Chronic Malaria..... 193
Chronic Malaria, with Enlargement of the Spleen..... 237
Chronic Intermittents Treated by Iodine..... 110
Churchill's Tincture of Iodine..... 419
Compound Iodoform Ointment..... 419
Compound Tincture of Green Soap..... 419
Compound Iodoform Ointment..... 419
Concentrated Solution of Quinine..... 75
Congestive Headache..... 381
Constipation..... 29
Constipation..... 193
Constipation—Habitual in Women..... 237
Coryza..... 381
Cough Mixture (Chloroform)..... 419
Cough Mixture—Simple..... 419
Depilatory Pomade..... 193
Diphtheria..... 237
Diarrhœa Mixture—Velpeau's..... 75
Dyspeptic Headache, with Flatulence..... 381
Dysmenorrhœa..... 29

Digitized by Google

THERAPEUTIC NOTES—Continued.

	PAGE.
Dyspepsia—Headache of	237
Dysmenorrhœa—Spasmodic	381
Epilating Stick	419
Eczema—Moist	193
Expectorant—A Stimulating	75
Fever—For Simple Continued	29
Fever—Intermittent	110
Fever—Chronic Intermittent Treated by Iodine	110
Gonorrhœa	29
Gonorrhœa—Irritability of Bladder Following	110
Gouty Diathesis—Headache of	381
Green Soap—Compound Tincture of	419
Hemorrhoids—Ointment for	29
Hemorrhoids	321
Habitual Constipation in Women	237
Headache of Dyspepsia	381
Headache of Neuralgia, with Constipation	381
Headache—Neuralgic and Nervous	381
Headache, with Gouty Diathesis	381
Headache—Uræmic	381
Headache—Bilious	381
Headache—Congestive	381
Iodoform as a Vermifuge	75
Impotency	237
Iodoform Ointment Compound	419
Iodoform Cylinders	419
Iodine—Churchill's Tincture of	419
Inhalations in Asthma	237
Irritability of Bladder Following Gonorrhœa	110
Iodide of Potassium in Typhoid Fever	237
Intermittent Fever	193
Intermittent Fever—Iodine in the Treatment of Chronic	110
Jamaica Dogwood in Pertussis	29
Lead and Opium Wash	419
Lead and Zinc Ointment	419
Lotion—Stimulating	419
Menorrhagia of Climacteric Period	110
Night Sweats	321
Old Sores—Ointment for	321
Ointment of Tar and Oxide of Zinc	419
Paraciticide	419
Pertussis—Jamaica Dogwood in	29
Pleurisy	193
Pneumonia—Aconite in	237
Pulmonary Tuberculosis	321
Pruritus Vulvæ	321
Poison Oak Eruptions	110
Pyrosis	110
Quebracho	75
Quinine Hypodermically	321
Quinine—Compound Mixture of	419
Rheumatism—Acute	193
Rhus Poisoning—Sassafras Oil in	321
Scabies or Itch	321
Sprains and Contusions	75
Sore Nipples	75
Styptic Colloid	381
Stimulating Lotion	419
Tinea Tonsurans	193
Tonic—Dr. Hamilton's	419
Tonic—Dr. Kelley's	419
Tonic—Dr. Knapp's	419

Digitized by Google

BOOK NOTICES.

PAGE.
Albuminurea—Treatise on ... 77
Anatomical Studies Upon the Brains of Criminals ... 112
Applied Anatomy of the Nervous System ... 235
Anatomy—Compend of ... 76
Artificial Anæsthesia and Anæsthetics ... 260
Bladder and Prostate Gland—Diseases of ... 190
Catarrh—Hygiene and Treatment of ... 111
Chemistry—General Medical ... 236
Chemical Physiology and Pathology ... 77
Clinical Lectures on Diseases of Old Age ... 190
Correction of Strabismus ... 112
Diagnosis and Treatment of Ear Diseases ... 151
Diseases of the Eye ... 500
Diseases of the Joints—A Treatise on ... 152
Dissections—Illustrations of ... 406, 457
Ear Diseases—Diagnosis and Treatment of ... 151
Exchanges ... 501
Food and Dietetics—A Treatise on ... 379
General Medical Chemistry for Practitioners ... 236
Gynecology—Minor Surgical ... 76
Hernia—A Practical Treatise on ... 261
Joints—A Treatise on the Diseases of ... 152
Lectures on Diseases of Children ... 500
Management of Wounds ... 112
Marine Hospital Service—Reports of ... 407
Materia-Medica and Therapeutics of the Skin ... 111
Minor Surgical Gynecology ... 76
My Rambles in the Enchanted Summer Land of the Great Northwest ... 501
Old Age—Clinical Lectures on the Diseases of ... 190
Ophthalmic Practice—A Manual of ... 310
Pamphlets, Reprints, etc ... 31, 153, 191, 262, 407, 458
Pharynx, Larynx and Trachea—Diseases of the ... 111
Physicians' Clinical Record ... 311
Physician's Diary, Cash Book, Journal and Ledger, Combined ... 501
Physicians' Hand-Book for 1882 ... 311
Physical Diagnosis—Hand-Book of ... 152
Prices Current for 1882 ... 311
Sewer Gas and Its Dangers ... 260
Therapeutics—Trousseau's ... 76
Trichinæ and Trichinosis ... 77
Transactions of American Medical Association ... 30
Transactions of Illinois State Society ... 458
Transactions of North Carolina Medical Society ... 458
Urinary Analysis—Hand-Book of ... 30
Uterine Therapeutics and Diseases of Women ... 378

SOCIETY TRANSACTIONS.

Adams County Medical Society ... 72
American Medical Association ... 59
Central Illinois Medical Association ... 71
DeWitt County Medical Society ... 459
Illinois State Medical Society ... 60
Jasper County Medical Society, May, 1881 ... 109
Military Tract Medical Society ... 69
North Central (Ill.) Medical Society ... 408
Woodford County Medical Society ... 73

EDITORIAL DEPARTMENT.

A Bad Example ... 288
A Case of Strangulated Hernia ... 508
A Celebrated Case ... 239
A Duty Too Much Neglected ... 322

Digitized by Google

EDITORIAL DEPARTMENT—Continued.

PAGE.
A Fable 35
A Family Squabble 81
A Matter of Business 382
A New Department 327
A New Medical University 382
A Request 80
An Annual Item 37
Boal—Sketch of Dr. Robert 78
Cruelties of Quackery 240
Dr. J. T. Stewart's Elbow Splint 420
Embarrassing Scene in a Hospital 327
Encouragement 115
Graduates of 1881 36
In Memoriam 238
International Medical Congress 157
Married 242, 468
Medical Organs 506
New Code of Ethics 462
No Exception 156
Notes and Comments 38, 81, 116, 157, 201, 243, 285, 326, 383, 426, 467, 510
Obituary Notices—
Dr. J. C. Hughes 199
Dr. Wm. Swisher 200
Dr. J. W. Martin 288
Dr. C. T. Lichtenberger 326
Dr. J. C. Holland 326
Dr. E. E. Kendall 425
Operation for Ovariotomy 79
Our Second Volume 34
Peoria Board of Health 80
Pharmaceutical War 507
Physicians versus Pharmacists 194, 276, 421
President Garfield's Attendants 154
Quinine Among Eclectics 115
Rush College Commencement 464
Small-Pox 323
Some Things That May Interest You—
40, 82, 120, 160, 202, 246, 288, 328, 386, 428, 470
State Pharmaceutical Association 283
Societies 80
The Ditty of the Doctor 468
The Old and Young in Council 114
Therapeutics for Druggists 35
Toast to the Medical and Pharmacal Press 287
Tonga Trade-Mark Suit 287

Digitized by Google

1143

JUL 12 1888

THE PEORIA MEDICAL MONTHLY.

VOL. II.——MAY, 1881.——No. 1.

Original Communications.

ART. I.—**Excessive Use of Diuretics the Cause of the Increase of Kidney Diseases.** By JOSEPH H. WARREN, M. D., Boston, Mass., Member British Medical Association, Author of Hernia, etc.

If we, to get a better idea, look first at the histological structure and then at the pathological definitions of some of the diseases of the kidneys, we shall more fully comprehend the significance of the effect of the excessive use of diuretics that are taken into the system, as one of the great exciting causes of the alarming increase of kidney affections at the present day. Of course, we cannot, in an article like this, from the limited space allotted us, think of giving more than an outline of the numerous diseases attending these organs of elimination. If we keep in mind the physiological functions and consider the very important duties assigned for them to perform in the economy, we shall the better see the great importance of not pressing upon them an increase of duty unnecessarily, by a closer observance of diet, drinks, and other important hygienic requirements. Now, according to Dr. C. Ludwig, in Stricker's Human and Comparative Histology, on dividing a fresh kidney, the papillae of the fibrous capsules may in mammalia be seen by the natural, unaided eye—a distinction in the exposed surface between the striated medullary portion and the granular cortex. These two segments are concentrically arranged. If the blood and urinary vessels of the organ be injected with two colored fluids, they may be observed to pursue a varied direction, both in the medulla and in the cortex. These striae are in imme-

Digitized by Google

diate contact at and a little above the papillae, so that up to this point the medulla presents a uniform tint, and the term papillary region has been applied to it. As the striae recede from the papillae they separate from each other, so that previously to their entrance into the cortical layer they run with intervals of about their own diameter.

The intervening spaces are occupied by vessels presenting the color of the fluid that has been injected into the blood vessels. That portion of the medulla in which the urinary and blood vessels alternate with one another is termed the limiting or marginal layer of the medulla. In the cortex, striae also occur, both from their kind, color and direction constituting the prolongations of these striae of the medulla by the urinary tubes. Such striae emerging from the medulla running almost to the extreme circumference of the cortex are termed medullary rays, processes, or pyramids. The remaining portion of the cortex, excluding these, chiefly presents the tint of the injection, and this part may be termed the renal labyrinth. These urinary passages and blood vessels constitute the larger part of the substance of the kidneys as revealed by the microscope.

On the walls of the urinary tubules, blood vessels, nerves, fibrous capsules, lymphatics, connective tissue so fully and well described and figured by Hafner, Henle, J. Duncan, and others that will interest the student, I will not longer dwell, as I have by this much space, I trust, indicated from what source much very valuable and correct histological knowledge can be derived with profit to one wishing to pursue this very interesting study further, which, I fear, is altogether too much neglected by many for a correct understanding of the subject of diseases of the organ under notice in this paper.

All of the minute structures as here outlined are subject to a great variety and complication of diseases, as we would most naturally be led to suppose; for instance, the most common affection is renal inflammation. While repeated investigation has still left it one of the most incomplete subjects of our whole science, not a complete anatomical picture of the various stages of nephritis has yet been accomplished. Attempts have been repeatedly made by Forster, Flint, Ruger, with others, to give well defined lines of distinction between albuminous parenchymatous interstitial and croupous nephritis, but thus far all have fallen short of a perfect accomplishment. The great need of this is most apparent in our clinical study, and for want of a correct diagnosis the easy-going name of Bright's disease is still very popular and keeps well the Doctor's name green in memory—but how little true knowledge of kidney disease this name conveys—only a glittering generality, such as dropsy and convulsions. How many give themselves unnecessary alarm and try patients by the discovery of a few detached and stray uriniferous tubes, and particularly so if the patient happens to be of

Digitized by Google

the weaker sex and in a state of pregnancy. But thus whilst uncertainty exists in correct diagnosis of the affections of these organs, yet the histological and pathological study is much more simple and sure of well-defined differences, as we have only to cull over the following change of uriniferous tubes, such as in desquamative catarrh, etc. Let us quote Prof. E. Rindfleisch, from his Manual of Pathological Histology: for instance, he says, if we squeeze the papillae of a not very fresh kidney removed from the dead subject, we usually find that a small quantity of whitish turbid urine oozes from the orifices of the ducts, its turbidity being due to the presence of epithelial cells, recognizable as shreds of the epithelial lining of the uriniferous tubes by their partially tubular connection with one another. The constancy with which this phenomenon recurs must needs make it appear rather bold to infer the existence of a desquamative catarrh of uriniferous tubes from an occasional discharge of these shreds in larger amount than usual. We are not justified in assuming, because the cells happen to separate more readily than usual after death, that the epithelium of the uriniferous tubes was loosely adherent to the membrana propria during life; on the contrary, we learn to be on our guard against drawing conclusions, under any circumstances, from the presence of denuded uriniferous tubes. While examining transverse sections of such seemingly denuded tubes from the renal papillae, I have often come across remnants of the epithelial rings, remnants which in all probability escaped destruction during the preparation of the specimen by the merest accident. They lent all the more weight to the belief that the missing portions of these particular rings, together with the entire epithelial lining of those tubes which have been wholly denuded, had been lost during the mounting of the specimen.

The reader might be led to suppose from all this that I mean entirely to deny the existence of a desquamative catarrh of the uriniferous tubes. Such, however, is not my purpose. I only wish to repudiate, as evidence of this condition, a phenomenon on which reliance is very often placed, which, nevertheless, is wholly not trustworthy. Desquamative catarrh of the tubuli uriniferi runs the following course: It begins with a granular cloudiness and desquamation of the existing epithelial lining. This is followed by a more abundant proliferation of young cells from the connective tissue surrounding the tubuli uriniferi, which leads to a more abundant proliferation with rapid renewal of the epithelial elements, and to the secretion of a large number of isolated cell-forms of various ages. We may next glance at the cloudy swelling of the secreting epithelium. This is one of the most serious of all the morbid changes to which the uriniferous tubes are liable. For a more extended study read Drs. Traub, Ivanoff, Cohnhiem, Axel, Frey, and Allison. As it is only my intention to call attention to the matter, I shall

Digitized by Google

only mention a few more of the numerous diseases the kidneys are most prone and liable to, that may help us to sum up understandingly the effect of the too common use and abuse of diuretic medication, etc., and it is that I make mention of these diseases to call you to a greater amount of study and interest in the diseases peculiarly liable to affect these organs. We thus have fatty degeneration, fibrinous cast, amyloid infiltration, cystic degeneration, and cysts, due to strangulation of the tubes; these congenital cysts Professor Virchow greatly developed the interest and study of; alteration in the vessels and connective tissues, hyperæmia, cyanotic induration, nephritis, acute nephritis, albuminous interstitial nephritis, tumors and cancer of the kidneys.

If, from the above, we can gather a limited idea of the structure and diseases of these organs, and, as in the early part of this paper, we still can retain a clear view of the physiological functions of the kidneys, I would then, in closing, call the reader's attention to the vast increase of all of the various diseases of these organs within the last twenty-five years, in our own country at least, and it is a fact that it is either by far better and more easily recognized than formerly, or else we, with many of the European nations, are suffering much more than in former years; and this leads us most naturally to ask what is the cause of this very great increase, if any, and we must really look around for the cause that is producing such havoc with the civilized nations of the earth. And shall we not first consider our highly stimulating food and drink as the chief exciting cause? The food of to-day is far more stimulating, and a far greater variety enters into our diet, taken with much more flavoring and seasoning, than formerly—soda and potassa in the bread and pastry, highly-spiced meats and other condiments. These create thirst, and, of course, much more fluid is called for. But the worst of all is the ever-increasing demand for alcoholic stimulants that is now being consumed by mankind in all countries of high civilization. The nervous system is thus constantly excited from the surroundings of our daily lives, which, with more general education and other moral and social elements, is, I suspect, at the bottom of this call for stimulating drink and food. If we drink largely of fluids of any kind, diuresis or an abundance of urine will be excreted. Thus we are dipsosis or morbid with constant thirst for fluid and food. This extends and becomes dipsomania or mad thirst of the drunkards. Now we first cast a glance at the minute structure of these organs; we next looked at a few of the diseases they were liable to be affected with, and cannot we most readily account for the present alarming increase of kidney affections? Now, if stimulants are not the cause, to what else shall we turn to for the cause? See what a vast amount at the present day is consumed in our daily lives, from childhood or early youth to riper

Digitized by Google

years, by male and female. The nervous system is kept constantly on the strain by alcohol in one form or another. Other narcotic poisons are also resorted to, such as tobacco, opium and many others we could name, had we space, but the greatest cause of all our diseases and sores to-day is the free consumption of alcohol in the form of whisky, rum, lager beer, old wines, etc. This, to us, as physicians, who give it a thought, is a fearful scourge in our fair land, and well may we be alarmed and almost struck down at the baleful results. Look at our asylums, poor houses, hospitals, jails and other public institutions all overflowing with diseases caused by this fearful monster; and, should it increase in this decade as fast as in the last, I hardly know what will be the result of this fearful evil. Germany, a military government, is issuing orders to suppress the present free use of lager beer and other alcoholic drinks, as it is a demonstrable fact that it is reducing the number of military recruits, as their forms of government are as sensitive as the barometer to the atmospherical changes. Besides almost everything in patent medicine is diuretic. All kinds of spas or springs are brought to our notice almost daily, recommended for just this effect on the kidneys. Many this year, as they do every year, will go to some one of the fashionable watering places, and, if they be free drinkers, will select those springs or places with those that have the most power and diuretic and purgative effect, to come home later to us with confirmed Bright's or some other kidney disease. From no small amount of observation I have, year after year, seen results of this kind, and I do freely think that much of the disease of the kidneys is produced by people drinking so much water and other fluids, particularly those waters that are loaded with soda, potassa and other salts, not only by their too free use at the many mineral springs, but from that at the apothecaries' fountains and that put up by mineral spring or water companies in all of our large cities. If, then, we would escape diseases of the kidneys, we should take just liquid or fluid sufficient to quench our natural thirst and no more, and this should be of the very purest and unstimulating kinds—no alcohol or other narcotics—and our food should consist of the more simple kind. If we would be exempt from these many diseases of the kidneys, abandon all alcoholic drinks of whatever kind or nature, and no matter in what form—his sting is in all kinds that can be named. The excessive use of diuretics is the cause of the present increase of kidney diseases; they overload the kind, eliminating office of these organs, and disease and death on every hand is the result.

THE carotid was recently ligated in Philadelphia for trifacial neuralgia. Two months later, the trouble had not returned.

Digitized by Google

ART. II.—**Diseases of Domestic Animals.** By S. M. HAMILTON, M. D., Monmouth, Warren County, Ill.

The diseases affecting our domestic animals, especially those which are reared for food, have received in this country a much smaller amount of attention than is warranted by the importance of the subject. It is, indeed, strange that a matter involving such important interests, pecuniary and hygienic, should have received so little thought and scientific investigation. As a consequence, the literature of the subject, such as it is, presents a mass of crudities from which very little that is valuable can be obtained.

It is not the purpose of this paper to enter into an elaborate discussion of the general subject, but to make a few suggestions as to the cause, nature, treatment and prophylaxis of some of the diseases affecting these animals.

If the collector of information shall confine his inquiries to the average hog breeder, or hog dealer, he will conclude that the thousands of animals which die each year, in the West, are carried off by "*hog cholera*," which, in the minds of most of these observers, seems to be a generic term of wide significance, including anything in the form of disease of which a hog may die. The truth is, they die (at least in this part of Illinois) not of one, but of many different forms of disease. Indeed, there are but few of the ailments in the human subject which do not have their counterpart in these animals. Acute pneumonia is probably the most common and the most fatal, the patient dying in twenty-four or thirty-six hours, in the stage of congestion. Inflammation, followed by abscess of the liver, is a frequent cause of death. It runs about the same course as in the human subject. Acute dysentery and peritonitis, followed by perforation of the bowels, are often noticed. Many die of acute laryngitis. Perhaps next, in frequency, to pneumonia is an affection closely resembling typhoid fever in the human subject. It runs about the same course, and is exceedingly fatal, the very few which survive recover after a long and tedious convalescence. Pitiable objects they are, and a disfigurement to the hog lot for many months. In this form of disease, sometimes the most frightful sloughing of the integument and cellular tissue takes place—suggesting a doubt as to the truth of the generally received opinion, that pressure has much to do with the production of bed-sores in the human subject.

In view of the great variety of diseases affecting these animals, is it fair to presume that they are produced by a constant cause? The trichina, that *infinitesimal* upon which has been reared such an immense inverted pyramid of German abstractions, is found in almost all of these animals, sick or well, and in muscular tissue of other animals, with but few exceptions. The etiology of disease in general is a subject about which we

Digitized by Google

know but little, and the thousands of broken-down theories and fine-spun speculations, which cumber the highway of science, should teach us a lesson of modesty in this direction. There is no warrant for the conclusion, at which some writers have arrived, that *any*, much less all, of these diseases affecting the hog are produced by trichina. There is just as strong reason to believe that this small, no-account animalcule is the cause of typhoid fever, pneumonia, laryngitis and peritonitis in the human subject, and, so far as I know, none of the wild speculators on this subject have gone so far as this. I am reminded by the man at my elbow that probably the land which produced Hahnemann and his absurdities will yet be equal to the emergency. Look out, then, for the next theory on this subject. It is *German-ating* somewhere behind a pair of Teutonic spectacles, and will soon be presented to a benighted world.

There is a species of the *genus homo* affected with a congenital, mental presbyopia, a kind of far-sightedness, rendering them unfit to examine objects near at hand—unable to investigate anything within the horizon of ordinary, short-sighted mortals. To these the microscope is, indeed, a godsend. Ignoring, for the most part, the great practical uses of the instrument, they gloat over and dream over the infinitesimal nothings which it reveals, seeking out data for speculation and generalization, in realms far beyond the ken of ordinary mortals. It seems to be a pleasurable occupation to them, no matter if they do miss the solution of every practical problem presented. Truth, as a matter of fact, is much oftener on the surface of the ground than at the bottom of the well. These gentlemen assert that trichinosis is much more common in the human subject than is dreamed of by the ordinary practitioner of medicine—that many cases of this disease pass unrecognized, etc.

It is true, that we often find types and phases of disease unexplainable upon any hypothesis within the scope of our experience, or the recorded experience of others, but it surely is not wise to select this extremely attenuated entity from all the occult forces of nature and say, with so much *positiveness*, "we have found it." A false or uncertain solution of an important question is worse than no solution at all.

The uneasiness of our brethren over the water on account of trichina in American pork is a "lost fear." I do not know whether or not *raw* trichinæ are fit to be eaten; nor is it material, for raw pork is not eaten very often, but it is pretty well established, by long experience, that cooked trichina is a very good and nutritious article of diet. The idea that the vitality of these parasites is not destroyed by a temperature of 212° Fahrenheit is as absurd as that other foolishness in the minds of some people, that boiling water will not kill lice.

Nevertheless, the subject of disease among American hogs is a most important one, whether considered as an economic

Digitized by Google

question, or one concerning the public health. Surely the flesh of a diseased animal is unfit for food, and, no doubt, many such are slaughtered in our large pork houses every year. I believe there is, in most of them, some sort of inspection and exclusion of diseased animals; but, from all accounts, it would not hurt the system to make it a little more rigid. Careful, responsible, governmental inspection is obviously the first thing to be done.

The economic branch of this question involves considerations very dear to the American heart, namely: the matter of dollars and cents. I have no statistics at hand, showing the number of animals lost by disease in any given time, nor the amount of money lost to the agricultural population thereby, and I do not know that such information can be found in recorded form anywhere. It amounts to an immense sum—probably one-fourth of the entire hog crop of the Northwest each year.

What can be done, then, in the way of cure and prevention of these diseases? So far as medical treatment is concerned, after the disease is fully established in any of the forms as above stated, the testimony of all is uniform, namely: that no treatment yet devised has been of the slightest benefit. In fact, the difficulties in the way of medicating a hog are so great that it is almost useless to attempt it, if, as is generally the case, large numbers are sick at the same time. Much valuable time and money have been spent in the useless search for a specific. It is needless to add, that all efforts to this end will fail of success, just as they have, and ever will fail, in dealing with the diseases of the human subject. Medication is practically a failure when applied to the hog. Prophylactic measures are more effective, and much may be accomplished in the way of prevention. Care in feeding, protection from wet and cold weather, plenty of sleeping room and plenty of dry bedding are good for man or hog, and it is a fact that the latter, as he is bred at present in this part of Illinois, is the more delicate animal of the two. But these measures, desirable and necessary as they are, do not go to the root of the evil. And I beg leave to submit two propositions which are believed to be true, and that they will be verified by the experience and observation of every one who has given the subject any attention: *First.* Fine breeding (which generally means in-breeding) entails a delicate constitution, loss of physical stamina and a consequent susceptibility to disease, and diminished power of resisting the same. *Second.* Fine breeding impairs the reproductive faculties of both sexes. I do not propose to enter into a scientific explanation of these facts. Indeed, I am a little doubtful of my ability to do it satisfactorily, and I am satisfied that no dissertation upon the subject, however learned and exhaustive, could add anything to the convictions of those who profit by experience and observation.

Digitized by Google

Twenty-five years ago there were no fine-bred hogs in this part of Illinois, so far as I know. We had a long-legged, flat-sided, deep-chested, coarse specimen of the race. Intensely pugnacious, there was mischief always in his little, bead-like eye, and his long snout, armed with formidable tusks, always meant business. It required at least two years to make him a marketable size. But he was healthy, notwithstanding that, in summer's heat and winter's cold, he was forced to shift for himself. Among this breed of animals disease was almost unknown, so much so that the farmer counted as nothing the risk of loss from disease. But now, with fine stock and fine breeding, with an eye only to large and rapid development, loss from this cause has become one of the large factors in the equation.

Our so-called "Texas Cattle Disease," about which so much has been written, and so many foolish laws have been passed in this and other States, is generally, though not always, a true pleuro-pneumonia, and Texas cattle had no more to do with its production and propagation than the "man in the moon." Those not familiar with the subject will, no doubt, be surprised to learn the entirely false premises from which that conclusion was drawn. The evidence elicited by a committee of the Illinois House of Representatives was something like this: "1st. Texas cattle do not have this disease in their native country. 2d. They do not contract it on their way here, notwithstanding the great change of climate. 3d. They seldom or never take it here, no matter how long they stay. *Nevertheless, it is our opinion that it was the Texas cattle that did the mischief.*" Really these amateur statesmen have discovered a new principle in pathology, namely: that an animal can give to another animal what it has not got, and never had, *and never expects to have.*

The same causation operates here as in the case of the hog. Too fine breeding produces a delicate, lymphatic animal, very susceptible to disease, and with little recuperative power.

Observe our domestic fowls, and the same truth is apparent. The old common stock fowl was small, but hardy, disease being almost entirely unknown among them. Now, with our large, awkward, lazy, fine-bred, coarse-grained fowls, it is not rare to lose half the flock, during the fall and winter, by disease.

The second proposition is equally true. I am not prepared to assert that fine breeding impairs the reproductive faculty in cattle to the same extent which it does in swine, but with the latter animal it is accomplished in a remarkable degree. Barren animals of both sexes, formerly almost unknown, under fine breeding have become too plenty for convenience or profit, and the fruitful females do not produce on an average more than half the number of young obtained from the coarser varieties. This, also, is becoming a source of serious loss to the breeders of these animals.

Digitized by Google

If the foregoing propositions are correct, the remedy for this serious evil is quite apparent. Correct this vicious plan of too fine breeding by constant and careful crossing of the fine stock with the coarser and hardier varieties. In this way an animal can be produced, a little coarser, a little longer in maturing, large enough for all practical purposes, without this feebleness of constitution and consequent susceptibility to disease. The profits derived from the hog crop would be larger, even if the time necessary to make a three hundred-pound hog were lengthened one-half, provided losses from diseases could be eliminated from the calculation. In hog breeding, under the present system, there seems to have been but two objects in view: *First.* Early maturity, with great deposit of fat. *Second.* Great development of the hind quarters of the animal, to the entire neglect of the chest and the vital organs contained therein. A narrow chest is just as sure a sign of poor vitality in a hog as it is in a man. In looking over our finest-bred animals, those which are chosen for the purposes of breeding and command the highest prices, it will be observed that the chest is both shallow and narrow, reminding one very forcibly in this respect of some of our fashionable ladies, whose foolish mothers put them in corsets at twelve years old and allowed them to develop a deformed womanhood in this species of straight jacket.

It is not, by any means, advisable to substitute the old *razor-back* for our fine-bred stock of hogs, but to breed *towards* him far enough to get something of his deep and wide chest and strong vitality.

We claim that this is the best and only road out of this slough of hog disease, into which we have wandered. Medication is lost labor. Specifics are nonsensical delusions. The only relief is in preventive measures, namely: better care, and judicious crossing with the coarser and hardier varieties.

ART. III.—**Sub-luxation of the Humerus: Failure of Dugas' Test.** By J. T. STEWART, M. D., Peoria, Ill.

Mrs. G., a middle-aged lady, of a nervous temperament, somewhat fleshy, fell down a flight of stairs, March 13, 1881. I was called almost immediately to see her. Found her suffering severely from shock, with contusion of the left side of the face, the left elbow and shoulder. Examined her as thoroughly as it was possible, under the circumstances. She could not bear to have her arm moved to any extent, and the shock was so great that chloroform at that time was out of the question.

I found no fracture or dislocation of the elbow, and no fracture of the bones of the face, though both were severely bruised. I found the shoulder also badly bruised, but could detect no

Digitized by Google

fracture or dislocation. There was no depression whatever under the acromion process. The correspondence between the two was perfect. I could easily place the elbow against the body, and bring the hand over the opposite shoulder. I, therefore, concluded there was no dislocation, and treated it as a contusion. The pain in the shoulder was great, and required not only large doses of morphia, but hypodermic injections of the same to allay it. The inflammation following ran very high, with much swelling. At the end of a week there was no abatement of the pain, except when she was under the influence of narcotics, and then, for the first time, I fancied I could feel some depression under the acromion process. I determined to chloroform her and give the shoulder a more thorough examination than was possible without it. I had an old and experienced physician and surgeon called in consultation. He assured me there was no dislocation. At this time the elbow could be placed against the body and the hand placed over the opposite shoulder without difficulty. We did not give her chloroform or examine it further. But, day by day, this fancied depression under the acromion became more and more apparent, and the pain and immobility of the joint continued until the end of another week. I then became thoroughly satisfied there was a complete downward luxation, and determined to do something with it. I had the same counsel called again, when he at once recognized the deformity. I knew one of two conditions existed. Either the glenoid cavity had been fractured, and the fragments were gradually separating and letting the head of the humerus slide out of place, or the head of the humerus had been tilted on the border of the glenoid cavity, and, by the relaxation of the ligaments and the contraction of the muscles of the shoulder, it was being drawn more and more out of place. We chloroformed her, and, with some difficulty, reduced the luxation.

Now, the fact that the luxation was difficult to reduce, and the fact that, after it was reduced, it retained its position, is proof that it could not have been the former, and, therefore, must have been the latter.

This case is one of interest to every surgeon: *First.* As proving the fallacy of Dugas' Test in partial dislocation of the humerus. *Second.* In showing the difficulty in diagnosing some of these injuries of the shoulder joint; and, *Third*, in showing the importance of watching them all carefully, and promptly rectify anything which is wrong, as soon as it can be detected, and before it is too late.

I know a lady in this city who has a dislocation of the humerus, which occurred some years ago, which was probably of this character. She was attended by a reputable physician, but the luxation was not detected. A year after it occurred I was called upon to examine it, in consequence of the pain she endured and the immobility of the arm. Found a well-marked

Digitized by Google

dislocation downward, but was unable to reduce it. She was a fleshy young lady, and probably at the time the injury occurred it was a partial luxation, producing no deformity that could be detected, but in two or three weeks afterwards, if it had been carefully watched, a correct diagnosis might have been made and the limb reduced, thus saving her from a great deal of unnecessary suffering, from being a partial cripple during her natural life, and the physician from much odium. It is said that "eternal vigilance is the price of liberty;" so it is of success in surgery, and, added to it, great caution, a sound judgment, decision, and boldness.

With due deference to some of our authorities on surgery, who claim that a traumatic partial dislocation of this joint never occurs, I must believe my own senses in preference to taking their opinions. I grant they have had greatly more experience than I have had, yet a case might fall into my hands presenting a condition they have not seen, and, besides, there is a possibility that they, like other mortals, might be mistaken. I have, also, carefully dissected the shoulder joint, and could not see any reasons why a sub-luxation downwards or backwards might not occur. I know it is comparatively rare, but that it occurs occasionally I have no doubt. The case I have just given cannot be explained on any other hypothesis.

Dugas' Test is probably an infallible one for a complete dislocation, but for a partial dislocation it is a failure.

ART. IV.—**Small-Pox.** By SILAS HUBBARD, M. D., Hudson, McLean County, Ill.

As there is considerable variola prevailing throughout the country, I thought a brief account of the treatment of a severe case of variola discreta, seen in March, 187–, might be of interest to some of your readers. The patient was a young man, who had never been vaccinated. During the main part of his illness he took the following:

℞	Carbolic acid	1 drachm.	
	Laudanum	1 drachm.	
	Vinegar	1 drachm.	
	Water	½ pint.	M.

Sig. One teaspoonful every four hours.

The pustules were wet freely every four hours with a solution containing one part carbolic acid to one hundred parts of water. A solution of the nitrate of potassium was also freely administered. He amused himself, by my direction, by piercing each well-formed pustule on his face and hands with a pen-knife. The disease seemed cut short, and he made a very rapid and good recovery.

I have observed, in a number of cases, that those who have had small-pox do not take measles when exposed. I wish physicians would observe whether this is universally the case, and also observe whether recent vaccination prevents the contraction of measles, which I have some reason to believe it does.

Digitized by Google

ART. V.—Laryngoscopic Notes. By A. S. CORE, M. D., Quincy, Ill.

The following cases will probably be of sufficient interest to justify the publication, as there is some difficulty in making a correct diagnosis in diseases peculiar to the larynx:

Case No. 1; Age 22.—A young man of sedentary habits, from a malarial district, applied for treatment at my office, about eight months ago, complaining of a change in his voice, and that on continued use he became so hoarse that it was with difficulty that he could speak above a whisper. On examination with the laryngoscope, the larynx presented this appearance: Epiglottis and ary-epiglottis fold congested and slightly œdematus. On directing the patient to phonate, the vocal cords, which, in a healthy larynx, should approximate each other in the middle of the tube, would not approximate evenly. There is also a follicular pharyngitis existing; general health not good; considerably jaundiced; conjunctiva quite yellow; tongue coated and furred at base; heart and lungs normal; spleen enlarged, extending as low as the crest of the ilium; liver greatly enlarged, extending beyond the median line and below the umbilicus, and quite sensitive to the touch. Patient says that he had good health until about one year ago. I ordered topical applications of pot. chlorate to the throat, saline cathartics, and pot. iod. gr. v. ammon. hcl. gr. x. syr. taraxacum, 1 dr., t. i. d., and requested him to call again in two weeks. On second presentation the larynx showed no congestion, but cords still too yellow; timbre of voice greatly changed and almost normal; liver considerably contracted and tenderness more circumscribed, forming a spot about half way between the ziphoid cartilage and umbilicus, but, to the right of the median line, a little larger than a silver dollar, and quite sensitive on palpitation; spleen not changed. Continued treatment, alternating with the former prescription: lig. pot. et arsent., gtt. v. tr. cinchona co. 1 dr. t. i. d. The patient left the city and I saw him no more, but have learned that, under the treatment, he made a good recovery.

Case No. 2; Age 19.—A young girl came in for treatment, complaining that it was impossible for her to speak above a whisper; that her voice had failed about two days ago, and that she had only been able to speak for an hour or so in the morning; after that, in a whisper; that it was getting worse; this morning was unable to speak at all. The laryngoscope revealed the cause of the trouble, for when asked to phonate, and the attempt was made, the cords failed to approximate and laid stationary at the sides of the wind-pipe. This I was not able to account for, as there was scarcely any inflammation, no swelling or œdema, and the patient looked healthy. When asked her occupation she stated that she was a "domestic," but I was impressed by her dress and bearing that she belonged to another class. I questioned her as to any disease of a "specific charac-

Digitized by Google

ter," which she denied, and pretended to be quite indignant. I tried electricity, but, not having the laryngeal electrode, derived no benefit from that source. I prescribed a mild astringent, topical application, and pot. iod., gr. x., t. i. d., and instructed her to double the dose if it did not interfere with digestion, and requested her to call again in two days. On presenting herself a second time, her voice had returned, but dull and hoarse. Doubled the dose of pot. iod. and requested her to call in a week. This she did, and her voice was normal. Persuaded her to continue the medicine, and gave her pot. iod., half drachm, t. i. d., and then gradually diminished the dose, continuing the treatment for a month. There being at no time any mucous patches in the mouth or pharynx, and no cutaneous eruption or even coloring of the skin, and her pleading innocence, what was it? Or, did she "assume a virtue?"

Case No. 3.—I was called to see a lad who had contracted a severe cold by having participated in a ratification demonstration in the last campaign. I found him with a pulse of 110° temperature, 101° respiration, very sonorous, chest sounds negative, a cough quite painful, and the voice in phonation was hoarse and hollow in timbre. On inspection with the laryngoscope, I found that the epiglottis and glottis was very red and greatly congested, but the inflammation did not extend down the trachea; the cords considerably congested, and, on phonation, they would not approximate at the arytenoidal portion of the glottis; he had to labor at times to get breath, but there had been at no time any paroxysms of suffocation. I ordered a saline cathartic, tr. verat. ver., in drop doses, every half hour until perspiration began, and sprayed the throat with a 2 per cent. sol. of ammon. hcl. Called next day and found him much better; continued the spray, and prescribed a tonic. He called at my office in a few days stating that he was well.

Case No. 4; Age 44.—A charity patient came under my observation while I was a student in the East (New York), looking pale and anæmic and considerably emaciated, stating that he was losing his voice; that he had no pain in the throat, but it always appears dry to him; his voice is of a *falsetto* timbre, and squeaking. On inspection with the laryngoscope, the glottis looks pale and anæmic; the cords appear to be roughened, and do not approximate well, and in the ary-epiglottis fold there are whitish prominences about the size of a pin-head, and look as if the contents could be popped out if the membrane was cut with a bistoury; the manipulation of the parts caused some cough; his history was one of a phthisical diathesis, and, on examination of the chest, I found consolidation in the apices of the lungs. He was given ol. morrh., malt, and tonics. His general health began to improve, and his voice became more normal in timbre during my stay. I do not know what the result was, but have no idea that he is cured.

Digitized by Google

Clinical Lectures.

Notes from a Clinical Lecture on Injuries to the Head. By HENRY M. LYMAN, M. D., Professor of Physiology and Nervous Diseases, Rush Medical College. Reported by O. J. ROSKOTEN.

This patient, aged 35 years, a farmer of healthy parentage, and himself formerly healthy, in September, 1876, sustained an accident in which his head was struck by a "trap-door." He was rendered senseless and dispnoeic for a few seconds, but soon regained his consciousness and resumed his work, feeling somewhat dizzy. Two weeks after the accident he began to feel dull and languid, and, about Christmas of the same year, suffered considerably from dispnoea, pain in the frontal region, nausea and occasional vomiting, the frontal headache continuing for five months. There was no fever at any time, the patient enjoyed good appetite, and would have considered himself well but for the constant, heavy, dull, frontal headache. This symptom indicates that he was suffering from chronic inflammation of the meninges, following the concussion. The latter consists chiefly in a rupture of fine capillaries and the violent displacement of the cerebro-spinal fluid, which suddenly dilates and perhaps ruptures the aqueducts. In injuries of this kind we may expect to find the greatest damage done to the parts opposite to the point of the cranium at which the direct injury was received. The first effect of the blow was depression of the elastic bony wall of the skull, displacement of the cerebro-spinal fluid, and loss of consciousness for a few seconds. When the bone returned to its proper position by means of its natural resiliency, the displaced fluid, and with it consciousness, returned also. The nausea and vomiting complained of by the patient at different times proves that the vagus centre was involved in the injury; and the frontal headache shows that the centres connected with the fifth nerve, which supplies the meninges of the brain, were also implicated.

After the pain had passed off, disturbances in respiration, frequently extreme dispnoea, supervened. Organic disease of the heart and lungs having been ruled out, the dispnoea could be referred to perverted action of either the vagus, or phrenic or intercostral nerves. On examination at the time, it was shown that both the diaphragm and the muscles of the walls of the chest were acting normally.

Thus it was possible, by exclusion of all other causes, to fix the cause of the respiratory disturbances upon the pneumogastric nerve, or, rather, upon the cells of the pneumogastric centre, in the medulla and floor of the fourth ventricle, which supply the lungs. At the same time, the patient suffered greatly from palpitations of the heart, showing a lack of innervation

Digitized by Google

through the vagus. The vagus is a controller of the heart; its function being to slow the heart's action if violent or excessively rapid. When it beats rapidly, the vagus center is supplied with an unusual amount of blood, is stimulated to greater activity, and the fibres springing from it convey more powerful nervous energy to the heart, the effect of which is to reduce the force and number of the beats. When the heart beats too slowly, the action of the centre is almost suspended, the organ is left to the influence of its intrinsic centres and the sympathetic system, and, as a consequence, beats faster. In many injuries of the head this regulating action is lost or impaired, impulses are given off from the vagus centre irregularly, at random, some beats are omitted, or the heart beats rapidly and irregularly. Thus it will be seen that the three chief points of distribution of the pneumogastric nerve were affected by the concussion of the brain, and this fact proves that the entire centre of that nerve was implicated in the injury.

When the patient appeared before the clinic for the first time, a month ago, he was pale, haggard, his intellect impaired, his speech slow, and he presented considerable difficulty in collecting his thoughts. It was supposed that the products of inflammation were still interfering with the exercise of the proper functions of the centre, and, on this theory, treatment was begun, aiming at the absorption of the deposit. A seton was introduced beneath the skin at the nape of the neck, and inflammatory action kept up by moving the seton about day by day, in order to improve the nutrition of the parts beneath and to promote absorption. Iodide of potassium, in 5 grain doses, and corrosive sublimate, in doses of $\frac{1}{32}$ grain, were used as alteratives for the same purpose, and will be continued. Under this treatment, in one month, the patient has improved considerably; he is better nourished, his pulse is normal, his tongue clean, his palpitations and dispnoea have ceased, and his general improvement justifies us in the hope of his ultimate recovery.

Periscope.

New Remedies.

BY CHARLES R. CULLEN, M. D.,
of Hanover County.

Viburnum Prunifolium.—The black haw bush, or small tree, everybody knows; but, medicinally, very few know that the profession have in it a real remedy in threatened abortion, or flooding after it. I was called to a lady in her seventh month of pregnancy, with violent pains coming on every five minutes,

Digitized by Google

and which had been increasing for several hours. I gave her at once one drachm of the fluid extract, with thirty grains of hydrate of chloral. In an hour the pains moderated some little, and I repeated the viburnum, with twenty grains of chloral. Two hours after, I gave the same and the pains subsided. The patient slept several hours. In six or seven hours the pains returned again, and I again gave one drachm of viburnum, and twenty grains of chloral; I gave three doses, subduing the pains. Being called away to a labor case, I was absent *twelve* hours, and, being sent for hurriedly, I found my patient, as before, with more violent pains, and the os uteri opened three-fourths of an inch. I repeated the same doses four times, and the pains subsided. This condition continued about eight days, but required less chloral each day. Every three or four hours I gave milk freely, keeping the bowels open by enemata. The patient bore the medicine well and made a good recovery, and two months afterwards went through her labor satisfactorily.

I had often tried hydrate of chloral and other medicines vainly, to check abortion or miscarriage, after the womb commenced opening.

I used the fluid extract prepared by Parke, Davis & Co., Detroit. If this preparation is not accessible, I would use the decoction of the fresh bark. The profession can rely on this remedy, and doubtless many lives will be saved by its prompt use.—*Transactions Virginia Society.*

Earache and Its Treatment.

The following is from an article in the *Canada Lancet*, by G. S. Ryerson, M. D., Toronto:

Pain in the ear may depend upon inflammation of the external auditory canal, the middle ear, or upon neuralgia. Inflammation of the external auditory canal may be diffused or circumscribed. When diffused, the auditory canal is greatly swollen and may be completely closed. It is hot, dry, and covered with dry flakes of epithelium. It is pale red in color, and has a puffy or œdematous look. Pain is considerable, but the patient is as much distressed as suffering. Moving the auricle, or touching the part causes increase of pain. The hearing is dull and there is much tinnitus, roaring and throbbing.

The causes are exposure to draughts; irritation of a foreign body, as a plug of wax, and imperfect drying of the ear after bathing. A chronic form may be induced by the bad habit of picking the ear with pins.

The treatment is simple; it consists, in the early stage, of inflating the middle ear with Politzer's air bag, thus opening up the Eustachian tube and permitting the accumulated fluids to escape. Filling the ear with warm water will often give relief.

Digitized by Google

Eight to ten drops of atropia sulph. grs. iv, aq. one oz., should be instilled in the ear every two hours. A leech applied to the tragus will give great ease. The wound should be encouraged to bleed for some hours after the leech has fallen off. Should the patient be seen later, when there is much bulging of the drum-head, paracentesis should be done, with good illumination by a head mirror. This at once relieves the intense pain, saves the drum from loss of substance, and the ossicles from displacement. It also heals up more readily than when ulcerated. Should the drum have burst before the practitioner is called in, acid boracic, grs. xv, ad aq., one oz., and zinc. sulph., grs. v, ad aq., one oz., will be found to gradually arrest the discharge. The ear should be frequently syringed, and the greatest cleanliness observed. *Poultices should never be applied to the ear.* Laudanum and oil are of little use. It also frequently follows measles and scarlatina. Neuralgia of the ear is rarely met with, and then in nervous women. It does not differ essentially from neuralgia in other parts. There is sometimes abnormal sensibility to sound present, more often, however, deafness. The treatment is principally tonic. There is no special local treatment which can be relied upon.

Treatment in Cases of Excessive Lochial Discharges.

Dr. Hugh Miller, in a clinical lecture delivered at Glasgow, recommends the following prescription in cases in which there is an excessive discharge, accompanied by a relaxed condition of the uterus. He administers one drachm doses of liquid extract of ergot repeated every three or four hours, and

℞	Quiniæ sulph.	½ drachm.
	Acidi hydrobrom.	6 drachms.
	Aquæ ad	2 ounces.

Dose, one drachm in aq. ter. in die.

By this method large doses of quinia may be given without causing headache. In septic cases Dr. Miller advises the employment of sulpho-carbolate of potash, in the form of powders, in doses of ten to fifteen grains internally three times a day.

When the discharge is suspended, the treatment consists of turpentine stupes applied over the lower part of the abdomen, with the addition of warm moist cloths, or of sponges, pressed out of hot water, and applied to the external parts. In special cases, which require an antiseptic form of treatment, Dr. Miller makes use of a solution of thymol, one part to five hundred parts of water, or, better, three grains of thymol to an ounce of eau de Cologne. This mixture, which has a pleasant and rather refreshing odor, is simply sprinkled over the napkins before they are used. In severe cases, with a putrid odor, a solution of permanganate of potash, injected with Higginson's syringe, pro-

Digitized by Google

vided with a vaginal portion, is made use of; the injection of the fluid is continued till it returns unaltered in color. In all cases where the discharge is excessive, tincture of arnica is employed; the tincture is used in the proportion of one teaspoonful to a cupful of water; it acts as a mild astringent and disinfectant.—*Canada Medical Record.*

Relation of Manufacturing Pharmacists to the Medical Profession.

In the heat of the discussion of the relations of the profession to dispensing pharmacists, the larger establishments of the manufacturing chemists are often overlooked. Yet the closer observer has not failed to observe that, year by year, these large concerns come more and more close to the profession. * * * Meantime, a small number of large manufacturing establishments have grown up, devoting themselves to the study of the wants of the physicians, and to supply the same. As the type of these establishments, may be mentioned that of Dr. Squibb. * * * With the aid of the best practical talent they can procure, they prepare the chemicals and medicinal preparations that the profession desire. By their combination of abundant capital, the best business talent and experts in every department of manufacture, they have been able to render medicinal preparations at once uniform in quality, elegant and convenient in form, and moderate in price. * * * They are on the look-out for any mineral or vegetable substance which may be of interest or value to the physician. It is not unusual for these large establishments to send agents thousands of miles to investigate the nature and to obtain a supply of some plant that some physician thinks worthy of a careful study. We are aware that some look with suspicion upon this enterprise in the introduction of new remedies. But it seems to us that it is in the interests of the wide-awake physician. Unable ourselves to obtain a supply of new drugs at prices which admit of their general use, if found good, shall we not accept the services of those who obtain those drugs for us? If any particular firms are dishonest or dishonorable, or incompetent in their attempts to render this service, let the facts be made known. But when, in these respects, the reputation of these firms is unimpeachable, it seems to us the height of folly to refuse such excellent and efficient aid; aid in a matter that we cannot do ourselves or obtain any one else to do for us. For instance, take the introduction of new vegetable remedies: Some doctor in Mexico or South America, or Australia or the West Indies, or elsewhere, observes certain virtues of a medicinal character in a certain plant; he sends a sample of the drug to some medical friend interested in the study of the

Digitized by Google

action of remedies—say Dr. Sidney Ringer, of England. Dr. Ringer investigates the plant, and thinks he finds that it possesses virtues of a medical character of great value to the profession. But an obstacle to its general use lies in its great cost. Here our enterprising manufacturing pharmacist steps in to our aid. He at once sends an agent to the land in which the plant grows, instructing him to learn all that is known respecting the plant—its abundance, its mode of growth, its properties when fresh, etc. Above all, he is to obtain an ample supply of the plant and ship it to the laboratory. On its arrival it is at once studied by a chemist to determine its chemical properties, and by a practical pharmacist to determine the best methods of extracting its virtues and the most desirable modes of administering it as a medicine. Having determined these points, the firm issues a circular to the profession recounting the foregoing facts, and inviting such as desire a remedy to meet the indications for which physicians have found this valuable, to try the preparations advertised. Many accept the invitation, and from their experience are able to reject or accept the statements of the first observers. If the new drug possesses positive merit, it takes its place in the recognized materia medica. If it has no such merit, it soon falls into oblivion. In either case the manufacturing pharmacist is profited only as he renders positive service to the physician. For ourselves, we are glad that the profession has such capable assistants. It is only by this aid that we can ever hope to obtain from the vegetable and mineral kingdoms the agents that will best suit us in our efforts to meet every indication offered by the multiform disorders of the human body.

As regards the work of any particular firm, it is entirely proper that the profession should watch it with the most scrupulous care, and make it clearly understood that its patronage of that firm, as of all firms, rests upon the capacity of the firm to do its work well, and upon the practical evidence that it constantly exercises this capacity.—*Detroit Lancet.*

Some Practical Hints to Recent Graduates.

These hints are offered to young practitioners by one who can still remember when he was young himself. The very wise will not find them edifying, and will therefore please skip them.

Of course when you go forth surcharged with all that is newest and best in the science of medicine, you go full of enthusiasm, confidence, and hope. When you locate and hang up your brand-new diploma, you will feel a proper superiority over the old fogy practitioners of your neighborhood. As for the old women, who will occasionally have the effrontery to suggest to you a different line of treatment for some critical case, you will wither them with a scornful look as you inform them that

Digitized by Google

having graduated at a first-class medical college you are supposed to understand your business. It is necessary that you should maintain your dignity, but meanwhile make a mental note of all the suggestions you receive from these humble sources and ponder over them. They are sometimes valuable. When an officious nurse removes your regulation flax-seed meal poultice from a threatening case of pneumonia and substitutes an onion poultice, snub her effectually for daring to change your treatment without consulting you; but if you find the patient's strength rallying and the disease yielding in consequence, as you sometimes may, tell her she need not take the trouble to change back again, now that the onions are on.

You will probably be surprised to learn how many good things some of the old women know which your instructors somehow forgot to tell you about. There is so much to teach nowadays, that after a short two or three years' course there will always be a good deal left over to be learned from the nurses and old women.

The old-fashioned doctors you may find awfully rusty in anatomy, disgustingly ignorant about grammes, cubic centimetres, and such things, and hopelessly bewildered when you use the new chemical nomenclature in speaking to them of their old pharmaceutical friends. They may even betray a shocking ignorance of the microscopic appearance of the cells in the mammary tumors which they have been carving out for twenty-five years past. Yet if they offer to give you a pet prescription for colic or lumbago, which they say they have found can be depended on, just jot it down in your note book, even if you feel called upon to protest that you are already brimful of knowledge concerning the most modern treatment of that very disease. Sometime you may find that prescription a perfect godsend.

In short, don't be above learning from anybody. Keep up your dignity, but keep your eyes and ears open. * * *

When you have diagnosticated hysterics, it will usually be safer not to announce this fact to the patient or her friends in so many words, unless she happens to be the servant girl. In that case you may venture to name the disease boldly, and to prescribe the most efficient treatment, which is an affusion of cold water repeated occasionally until a cure is effected. When the patient is a lady, call her malady a nervous shock, a sympathetic disturbance, or an eccentric manifestation of neurasthenia, or anything else you like, but don't call it hysterics. The word is apt to be considered objectionable.

Join one or more good medical societies, and become an active working member. It will pay you well in the end. Respect the etiquette and ethics of the profession. This may seem to necessitate the loss of a good paying family now and then, but will be the most profitable course in the long run. Even the ignorant masses, with all their weakness for running after

Digitized by Google

quacks and quack medicines, have a greater respect for the physician who is a high-toned gentleman.

Stick close to your business and study hard. Study your books and the journals and your cases, making full notes of the latter for future reference, whether you intend to write them up for publication or not. It will render you more careful and exact.

Above all, don't meddle with neighborhood quarrels. Don't gossip nor hang around drinking places. Attend church regularly on Sunday, but religiously abstain from taking sides in church dissensions. You will never get to heaven nor into practice by making yourself an active partisan in any such troubles.—*Medical Bulletin.*

Juglans Nigra in Diphtheria.

Dr. C. R. S. Curtis, of Quincy, Ill., reports in the *Boston Medical and Surgical Journal*, of March 10, the results of his trials of black walnut leaves in the treatment of diphtheria. He was led to employ them by reading of Neaton's success with the leaves and bark of the European walnut as a topical application in malignant pustule. Not having access to the European species, he substituted for it a strong decoction of the leaves of the native black walnut in a bad case of diphtheria, to be used as a gargle, and, to his agreeable surprise, with very good effect. Since then he has used the remedy in about thirty cases, many of them bad ones, and all have recovered, a result he is inclined to attribute in great part to the walnut decoction. He has used the remedy in the form of a preventive, in spray with the atomizer, as well as in a gargle. Besides the leaves he employs the hulls of the green walnuts, which make the decoction still stronger, and he finds it not painful or especially disagreeable to his patients. The remedy is so readily accessible to most physicians, that further reports may be expected as to its utility in diphtheria and allied troubles.—*Chicago Medical Record.*

Plaster of Paris in the Treatment of Fractured Clavicle.

Henry C., æt. 13, was brought to my office November 24, 1880, with an oblique fracture of the acromial end of the clavicle. I applied a wedge shape pad in the axilla, placed the hand of the affected side on the opposite upper anterior part of the chest, then accurately adjusting the fracture and an assistant holding the shoulder. I laid a dry bandage around the body, binding down the arm to the chest as before indicated. Over the dry bandage I laid a wet plaster of Paris roller, beginning

Digitized by Google

at the elbow and continuing up to and around the shoulders, after which I applied a soft paste of the plaster of Paris and water.

In the same manner I applied several layers of the bandage and paste until I had obtained the requisite thickness. In a short time the plaster was "set," and formed a very firm and durable case which the patient wore with much comfort for about three weeks, during which time he continued to attend school. The fracture itself was left uncovered so I was enabled to inspect it at any time. When I removed the dressing there was no deformity, whatever. An eczematous eruption occurred upon the chest and under surface of the arm where the two surfaces came in contact. This accident might have been prevented by placing a pad of cotton between the chest and arm. The eruption disappeared in a few days with very simple treatment.

After the dressing was removed passive motion was instituted and the arm kept in a sling for about a week, when I considered the fracture sufficiently firm to allow the patient his liberty. I am not aware that the plaster of Paris has been used in the treatment of fracture of this bone, although Dr. Gross recommends an immovable dressing of silicate of potassa, which is quite similar. I do not think that such a dressing is in general use, and as it has served me a good purpose, though in only one case, I thought I might induce some one of your many readers to make a trial of the same.—*Michigan Medical News.*

Catarrh and Dyspepsia.

The relation of dyspepsia to catarrh is of such importance in connection with the treatment of the latter disease, that it is a matter for wonder, that it has not been more prominently brought to notice in the many and lengthy treatises upon the subject. That dyspepsia is a frequent accompaniment, and often precedes a chronic naso-pharyngeal catarrh, is no new statement; but that it invariably exists and generally long ante-dates a chronic catarrh, and is the forerunner, and, to a certain extent, the cause of the presence of the catarrh, is the opinion of the writer, confirmed by oft-repeated observation in the treatment of that stubborn affection designated chronic catarrh.

The treatment recommended by the writers upon the subject, has been confined too much to the seat of disease, with a view to bringing about a modification of the affected mucous membrane by the application of astringents or caustics in a more or less dilute or concentrated form, and even to the removal of portions of the lining membrane of the nose by mechanical means. The diversity in the methods adopted have been confined to a simple difference in the destructive character

Digitized by Google

of the applications used—chromic and nitric acid, the actual cautery and the serrated forceps capping the climax. Safer and more rational means of treatment have been too much ignored; the treatment of the dyspepsia, *having in view the relief of the catarrh*, has been almost overlooked.

In the mind of a patient suffering from catarrh there can be no possible connection with it and dyspepsia; and hence it is not an uncommon occurrence for him to be undergoing treatment at the hands of a specialist for the catarrhal trouble while being treated by the family physician for dyspepsia.

The usual form of dyspepsia accompanying catarrh is characterized by a somewhat enlarged tongue, bearing upon its sides the impressions of the bicuspids and first molar teeth; in color, pale or slightly bluish, the latter, especially, after a meal; near the tip smooth, dotted here and there with small, bright, pink or red slightly raised follicles; at the base, a slight whitish fur, and a more or less deep fissure in the centre, extending half-way to the tip. This is clearly the tongue of chronic, atonic dyspepsia, with more or less enlargement of the stomach and permanent thickening of its mucous lining, not unlike the thickening of the nasal and pharyngeal mucous membrane, with which it is directly continuous.

The so-called "*hygiene of catarrh*" is the hygiene of dyspepsia. The greatest benefit derived from a hygienic habit is more directly owing to the improvement of the impaired functions of the stomach than to any direct benefit to the nose and pharynx; for, above all other affections, dyspepsia demands a rigid observance of the laws of hygiene for its treatment.—*San Francisco Western Lancet.*

The Cause of Sudden Death During the First Stage of Chloroform Inhalation.

The question of sudden death during the first stage of chloroform inhalation is one which has been energetically discussed by many able therapeutists, and many and various have been the causee assigned for it. Perhaps the most universally received opinion is, that when suddenly inhaled without due admixture of air, it proves fatal by producing direct cardiac paralysis. Now, as it is well known that chloroform is primarily a stimulant, how is it that its first action in these cases should be to produce a paralysis? This phrase, "cardiac paralysis," seems to me to be likely to lead to much confusion in the minds of students, notwithstanding the statement of Dr. Brunton, that it was due to "an irritative action of chloroform on the fifth nerve." Now, neither of these explanations are well calculated to give students a very clear idea of the mechanism of death in these cases, and it is not till we consult the

Digitized by Google

physiology of the nervous system that the explanation becomes apparent. In this research several important facts are elicited. We find, first, that the larynx and general respiratory tract are supplied with sensory filaments by the pneumogastric nerve; and, second, that the heart has a double nervous supply, receiving motor impulse from the sympathetic, and inhibitory filaments from the pneumogastric—the latter having the power of restraining, or holding in check, the heart's action. From this arrangement we cannot fail to perceive the close connection between the heart and the respiratory system. The first action of chloroform by inhalation, is to produce a powerful irritative effect on the sensory filaments of the pneumogastric distributed to the air passages. This irritation being propagated to the medulla may be thus reflected along the inhibitory fibres of the pneumogastric distributed to the heart, whose action is thus suddenly and powerfully depressed. Clearly, here is an explanation of the sudden cessation of the heart's action, not due to paralysis of its structural and nervous supply, but to the strong inhibitory action of the overexcited pneumogastric, while the chloroform has not yet reached the sympathetic nerves supplying the heart with motor power, so that they have not as yet received any stimulus. This mode of explanation is somewhat analogous to that of the mode in which chloroform excites spasms in a tetanic patient. Here the irritation applied to the sensory nerves of the respiratory tract is propagated to the centre for respiration in the medulla, thence reflected through the spinal chord and nerves to the muscles of respiration. But the spinal chord being in a state of hyperexcitement, the impulse becomes so exaggerated as to produce in many cases tetanic spasms, thus causing death by asphyxia.—*Canada Lancet.*

Effects of Smoking.

Decaisne (Gaz. des cop. No. 144, 1879,) demonstrated a long time ago that the use of tobacco causes intermissions in the pulse beat in many smokers. In eighty-one confirmed smokers he found this effect twenty-one times, without any disease of the heart being present. These intermissions disappeared after the smoking was discontinued. Later, he examined young smokers of nine to fifteen years of age, and found the following symptoms—undoubtedly caused by the use of tobacco: Palpitations, intermittent pulse and chloro-anæmia; besides this, the children showed impaired intelligence, became lazy, and were disposed to take alcoholic stimulants. Recently D. reported to the Societe d'Hygiene a new series of observations made on women who had adopted the habit of smoking. Since 1865 he has had opportunities of observing forty-three smoking women. The

Digitized by Google

majority of them showed irregularities in menstruation and also of digestion; eight had intermittent pulse, without any disorder of the heart. He treated these women for a long time without success; discontinuance of the use of tobacco was followed by improvement, and in several instances by complete recovery.—*Deutche Med. Wochenschr., No.* 8, 1881.

Treatment of Rectal Abscesses.

An interesting paper on the above subject, by Professor J. M. Matthews, appeared in the April number of the Louisville *Medical Herald.* After asking "Why these abscesses form sinuses and end in fistulæ," and giving as a cause the "mobility" of the parts caused by the action of the bowels and movements of the sphincter muscles, he says, he was induced to try "dilitations of the sphincter muscles" to prevent the formation of fistulæ, and this plan has been signally successful. He has treated thirteen cases of rectal abscess by this plan, and has not had a single case of fistula result. The precautions to be followed are:

1. Anæsthetics are to be preferred in the operation.
2. The patient should be required to keep in bed until the wound is healed.
3. The abscess must be *freely* opened.
4. The sphincter muscles must be gradually, but effectually, dilated.

The operation of dilating the sphincter muscles is one now frequently resorted to in the treatment of many diseased conditions, and is certainly warrantable in cases of this kind, especially when the results are so desirable. The plan is worthy of trial, and, we doubt not, will prove satisfactory to both physician and patient.

Sulphide of Calcium in Buboes.

Dr. F. N. Otis remarks: I have taught, up to within six months, for many years, that when a gland is enlarged as a result of the chancroid secretion, suppuration is inevitable; a chancroid is at that moment established in the centre of the gland, which goes on inevitably to suppuration and the formation of an abscess, the secretion of which is chancroidal. But the experiments which were made last winter in the Blackwell's Island Hospital, under my supervision, by the administration of the calcium sulphide in all cases of bubo associated with chancroid has led to the belief in the possibility of that suppurative action being arrested, because fifteen out of eighteen buboes so associated with presenting chancre were brought to

Digitized by Google

resolution. The fact that the administration of one-twelfth of a grain of the calcium sulphide every two hours, combined with other such treatment as rest, iodine and pressure, resulted in the resolution of fifteen out of eighteen such cases, is sufficient to warrant its trial.—*Medical and Surgical Reporter.*

Beware of Chloroforming Women without an Attendant.

At Oakland, Cal., during July, 1880, a bank teller, named E. F. Schrœder, killed Dr. Albert Lefevre, a prominent dentist of that place. It appears that Mrs. Schrœder went to the train on the day of the shooting to meet her husband. Mrs. Schrœder told him that on the Saturday previous, while under the influence of chloroform in Dr. Lefevre's office, the dentist made a felonious assault upon her. Schrœder at once proceeded to Dr. Lefevre's office, and committed the tragedy. It is believed that Mrs. Schrœder's charge against the dentist is purely illusory. Such hallucinations are not uncommon after chloroform administrations. Some remarkable cases exist where hallucinations of this nature have taken the form of absolute conviction in the minds of persons laboring under them, although there exists abundant evidence to prove that this conviction was utterly unfounded. The coroner's jury rendered a verdict charging Schrœder with murder. We know of an instance in which the presence of a third party saved a like imputation against the character of an innocent practitioner. The lady, herself beyond reproach, still had such an illusion after recovering from the administration of chloroform, which illusion was only dispelled by the evidence of her lady associate and a servant who were present during the administration of the chloroform.—*Exchange.*

Tonsillitis.

Tonsillitis, or acute inflammation of the tonsils, commonly results from exposure to cold, in the case of delicate young people who have susceptible throats. Towards evening, the throat feels swollen and painful, and both speech and deglutition become difficult, the voice having a peculiar thick tone, which is very characteristic. On inspection, the fauces will be seen deeply injected, and the tonsils swollen and bulging, both towards the median line and behind the anterior pillars of the fauces. There is great tenderness in the submaxillary region and behind the jaw, and occasionally acute pain in the ear from extension of inflammation along the Eustachian tube. There is considerable general fever, the temperature rising two or three degrees, and the tongue being coated with a white fur; but the

Digitized by Google

pulse, though rapid, has little force, and is very compressible. In from twelve to twenty-four hours, and either with or without a rigor, matter forms in one or, seldom, both tonsils; and, if not relieved, gives rise to great distress from the embarrassment caused to the breathing, the patient sitting up in bed, and constantly hawking up viscid mucous, until at last, in some straining effort, the abscess bursts, and immediate relief with rapid convalescence follows.

In the premonitory or early stage, a mustard emetic often acts as a charm, and produces immediate resolution; but, failing this, recourse may be had to warm inhalations, the application of hot poultices below the ears, and the administration of belladonna internally in small and frequent doses, coupled with plenty of liquid food. An early puncture of an inflamed tonsil is much to be recommended, if the surgeon will use a bistoury, covered except for a quarter of an inch from the point, and thrust it boldly through the soft palate, where it is made prominent by the tonsil. The hemmorrhage should be encouraged by gargling with hot milk and water, and will give much greater relief than the application of leeches externally. The same method should be adopted in opening an abscess in the tonsil, and thus all risk of doing damage to important structures will be avoided.—*British Medical Monthly.*

Asthma.

In attempting to treat the diseased condition, the underlying cause should be sought. If there are evidences of malaria, large doses of quinine will be of service. If it is thought to be pollen from certain plants, a change of climate will be the surest mode of relief. If the case is one without assignable cause it is always well to try such remedies as iron, quinine, arsenic, and iodide of potassium, and other tonic and alterant remedies. Perhaps it is safe to say that no remedies give more uniform satisfaction than iodide of potassium and muriate of ammonia. These agents tend to promote the bronchial secretions, and patients find that as soon as the secretions are increased and expectoration established they are relieved. Hence I shall direct for this woman the following combination:

℞	Ammonii chloridi		10 grains.
	Potassii iodidi		8 grains.
	Syrupi zingiberis		
	Aqua	aa	1 fl. drachm.

M. Sig. For one dose, to be taken four times daily.

After two weeks the patient returned and reported that she had been entirely free from paroxysms since taking the above.

Extract from Clinical Lecture in Phil. Medical Bulletin.

Digitized by Google

Therapeutic Notes.

JAMAICA DOGWOOD IN PERTUSSIS.

Dr. W. R. Alexander recommends this remedy very strongly. In his hands it has proved a specific (?) in a number of cases, and he now orders it in pertussis with as much confidence in its results as he does quinine in malarial affections.. Sustaining the patient's strength by nourishment and stimulants, he gives it to patients of all ages, and in any stages. He recommends the following prescription:

℞	Fl. ex. Jamaica dogw.	1½ dr.
	Syr. tolu.	
	Syr. Acaciæ each	2 oz.

M. Sig. Teaspoonful every two, three or four hours, according to the violence of the spasm or cough. A few drops of the fluid extract in a teaspoonful of water may be given with good results, if it is not possible to have the above prepared.—*Therapeutic Gazette.*

DYSMENORRHŒA.

Dr Pearson has, for some time, treated cases of dysmenorrhœ as follows;

℞	Potassii iodidi	
	Potassii bromidi each	1 dr.
	Syr. simp.	3 oz.

M. Sig. A teaspoonful to be taken three times daily, commencing ten days previous to menstrual period.

When the pain commences, give:

℞	Tr. opii camph.	2 oz.
	Morphiæ sulphas.	2 gr.
	Ol. piper.	2 gtts.

Sig. A teaspoonful every three or four hours while pain continues.

He has seldom had to repeat the course more than once to effect a permanent cure.—*Medical and Surgical Reporter.*

CONSTIPATION.

Dr. S. H. Price says the following combination has, in his experience, never failed to relieve constipation, when the person is otherwise healthy:

℞	Ex. cascara sagrada fl.	1 oz.
	Tr. nucis vomicæ	2 dr.
	Ex. belladonnæ fl.	½ dr.
	Glycerine	1 oz.

M. Sig. Teaspoonful night and morning, as necessary.—*Medical Brief.*

SIMPLE CONTINUED FEVER.

Dr. Fothergill, of London, England, gives great prominence to the following formula for the treatment of simple fever. It is especially useful where there is great cerebral disturbance. He says it will probably constitute *par excellence* the fever mixture of the future:

℞	Acid dydrbrom.	1 dr.
	Syr. simp.	2 dr.
	Aquæ.	1 oz. M.

Sig. To be taken every hour.—*Canada Lancet.*

GONORRHŒA.

Dr. A. V. Banes uses the following in the sub-acute stages of gonorrhœa:

℞	Plumbi acetat.	1 scr.
	Zinci acetat.	1 scr.
	Morphiæ acetat.	1 scr.
	Acid. acetic	½ dr.
	Aquæ	6 oz.

M. Sig. Inject several times after urinating. With this he gives the following:

℞	Potass. bicarb.	3 dr.
	Aquæ. distilat.	1 oz.
	Tr. columb.	5 oz.

M. Sig. Dessertspoonful four or five times daily.—*Medical Brief.*

OINTMENTS FOR HEMORRHOIDS.

℞	Iodoformi	½ dr.
	Zinci. oxidi.	2 dr.
	Adipis.	1 oz. M.

Sig. Apply to the parts.

℞	Ung. gallæ co.	1 oz.
	Ex. opii. aq.	1 scr.
	Sol. ferri. persulph.	1 dr. M.

Sig. Apply to the tumors and well up the rectum twice daily.

The following ointment is soothing and curative in all forms of the disease:

℞	Ung. stramon.	
	Ung. Gallæ.	
	Cerat. plumbi. subac. aa	1 oz.
	Pulv. opii.	1 dr. M.

Sig. Apply to the parts.—*Michigan Medical News.*

FOR THE ANÆMIA OF CHLOROSIS.

The following is highly recommended by Dr. Thomas, of New York, in the treatment of anæmia of chlorosis:

℞	Ferri vini amari	7½ oz.
	Tinct. Nucis vomicæ	4 dr.
	Liq. potass. arsenit	2 oz. M.

Sig. A dessertspoonful in a glassful of water after each meal.

Digitized by Google

Book Notices.

Transactions of the American Medical Association. Vol. XXXI, 1880; pp. 1284. Philadelphia.

An immense volume; type good and clear, paper good, press-work fair, binding exceedingly flimsy. It contains some articles of lasting value, others of only passing interest, while others were of equal value had they been laid up in the "Russian archives"—in the stove.

The "Report on Medical Necrology" is one of the best in the volume, well compiled, and really valuable.

Among the most interesting papers, interesting both from their brevity and soundness of the views advanced, are: A Plea for the Preventive Trephine, by Dr. Briggs; Laparotomy and Colotomy, Dr. W. A. Byrd; Skin Grafting, Dr. Turnbull; The Temperature of Living Rooms, Dr. Kedzie; The Physician in Education, Dr. O'Sullivan; Suspicion of Poisoning, Dr. Antisell; and a few others. It is doubtful whether another volume of Transactions will ever be issued, and we do not really think that many, except the authors of papers, would care much. There seems to be no plan yet adopted to take its place, but a journal will probably be founded and published by the association. It will give somebody a chance to shine as editor, but we predict it will be a difficult post to fill, though there will be no lack of candidates for the position. One of the most senseless things in the present volume, is the report by Dr. Edouard Seguin, urging the adoption of the metric system, and quoting a lot of Frenchmen (as if they were disinterested witnesses) in its favor. The large body of the medical profession in the United States have already decided against it, most of the journals have decided against it, and this almost unanimous verdict should have been a sufficient hint to Dr. Seguin and his semi-foreign following that the medical profession in this country do not want it. Fatal mistakes occur in Europe from the use of the metric system as frequently as do similar mistakes in America from the use of what they are pleased to call a "senseless jumble of meaningless signs. If it is for the purpose of making statistics uniform, why will not the Europeans adopt our system? It will be just as easy for them to learn as theirs is for us. And, besides, any person who is dealing in statistics ought to be able to understand both systems and be able to use either at will. To make the whole body of physicians learn a new system for the benefit of a few statisticians would be absurd.

Hand-Book of Systematic Urinary Analysis, Chemical and Microscopical; for the use of physicians, medical students and clinical assistants. By Frank M. Deems, M. D., Laboratory In-

Digitized by Google

structor in the Medical Department of the University of New York, etc., etc. New York: The Industrial Publication Company; 1880. Price, 25 cents.

The small price asked for this book should not deter any wishing a hand-book on this subject from sending for it.

It is just what it professes to be, a hand-book, and it is systematic, and will be found of great use to physicians in active practice who wish to refer to a work of this kind.

Although there is rather too large a percentage of advertising pages for a book of this size, the book is fully worth the price asked.

Transactions of the Eleventh Annual Session of the Medical Society of Virginia, held in Danville, October 19–21, 1880. Richmond: J. W. Fergusson & Son; 1880; pp. 110.

The address by the president, Dr. Latham, is one of the ablest pleas for unity and harmony in the profession that we have ever read.

The other papers are of rather more than average interest. The few members who attend the meetings are active, working men, and it is a pity that the profession of the state will not turn out in larger numbers.

Failure of Vaccination; variolus infection an illusion; vaccination an injury to health and a danger to life, and, as a protection against small-pox, a vanity. By Carl Spinzig, M. D. Reprint from the St. Louis Clinical Record for February and March, 1881; pp. 15.

HEMIOPIA.—Mechanism of its causation on the theory of TOTAL decussation of the optic nerve fibres in the optic tract at the chiasma (optic commissure). By William Dickinson, M. D. Reprint from the Alienist and Neurologist, St. Louis, January, 1881; pp. 11.

The Treatment of Scrofulous Diseases of the Skin. By John V. Shoemaker, A. M., M. D., Philadelphia, Pa.; pp. 8.

Some New Remedies in the Treatment of Skin Diseases. By John V. Shoemaker, A. M., M. D. Extracted from the Transactions of the Pennsylvania State Medical Society; pp. 6.

Clinical Notes, Illustrative of Consciousness in Epilepsia. By C. H. Hughes, M. D. Reprint from the Alienist and Neurologist, St. Louis, Mo., April, 1881; pp. 4.

The Development of the Osseous Callus in Fractures of the Bones of Man and Animals. By Henry O. Marcy, A. M., M. D., Cambridge, Mass., Member of the American Medical Association, etc., etc. Reprinted from the Transactions of the American Medical Association for 1880; pp. 20.

Digitized by Google

Proceedings of the Convention of Druggists, of the Illinois Pharmaceutical Association, held at Springfield, Ill., December 7–8, 1880; pp. 84.

Walsh's Retrospect, a Quarterly Compendium of American Medicine and Surgery. Edited and published by Ralph Walsh, M. D., Washington, D. C.; $2.50 per year.

No. 1 of Vol. II appears in a new outfit, and very much improved it is. The addition of an original and editorial department adds to its value.

Excision of the Rectum for Malignant Disease. By N. Senn, M. D., of Milwaukee. Reprinted from the International Journal of Medicine and Surgery; pp. 16. W. S. Fowler, New York, 1881.

The Alienist and Neurologist, Vol. II., No. 2. Edited by C. H. Hughes, M. D., St. Louis.

One of the best quarterlies a medical man can read. Not alone to the specialist are its pages invaluable, but the general practitioner will always find it instructive and especially adapted to his wants. Each number makes a handsome volume of 150 pages, filled with the brightest and best information upon the subject of mental disorders.

Commencement Exercises.

Chicago Medical College.

The twenty-second commencement exercises of the Chicago Medical College were held on Tuesday afternoon, March 29, 1881, at Central Music Hall, and were attended by a large and appreciative audience.

On the platform were seated the faculty and a number of the professors from the other departments—law, theological, etc.—of the Northwestern University.

The class, forty-five in number, occupied front seats in the parquette.

The exercises were opened with music by an excellent orchestra, after which prayer was offered by Rev. F. W. Fish.

The secretary, Prof. William E. Quine, then read his annual report. The whole number in attendance during the year was 191, which is an increase over the past years.

About 20 per cent. of those presenting themselves for examination fail to come up to the required standard. About 30 per cent. of the graduates hold diplomas from literary colleges.

After the conferring of the degrees, Prof. Davis addressed the graduates in a few well chosen remarks, pointing out the weary life of toil and hardship they are about to enter; telling

Digitized by Google

them of their duties to the people with whom they come in contact; urging them to labor on, and seek to elevate the medical profession to its proper standard.

Dr. E. W. Andrews then made a short response in behalf of the class, after which came the conferring of certificates, of which there were quite a number.

Prof. J. H. Hollister then made the valedictory address, in which he traced the workings of the college from its foundation to the present time. The faculty and the alumni of the college could look, he thought, with no little pride, at the wonderful changes brought about by the step taken twenty-two years ago by the founders of the college, and which has been adopted at the present day by almost every college in the Union.

LIST OF GRADUATES.

E. W. Andrews,
J. B. Bacon,
B. T. Baily,
J. H. Bates,
E. D. Bergeron,
Frank Billings,
A. T. Blackburn,
G. C. Blish,
A. H. Burr,
C. E. Cook,
W. G. Cook,
D. C. Davies,
W. L. Dayton,
J. O. Everett,
M. L. Felkner,
J. A. Fordyce,
W. S. Gates,
D. A. Hadley,
H. B. Hemenway,
B. N. Jacob,
F. S. Johnson,
A. E. Baldwin,
E. A. Kegley,
A. T. King,
W. J. Latta,
P. A. Letourneau,
R. Melms,
F. T. Nye,
A. E. Okey,
J. L. Priestman,
M. L. Putnam,
E. B. Righter,
George Rivard,
H. O. Rockwell,
J. F. Rood,
Fernando Roys,
J. D. Simpson,
E. A. Snyder,
H. Spalding,
J. H. Stowell,
D. H. Sullivan,
DeW. Townsend,
O. M. Vaughan,
M. H. West,
J. S. Williamson.

Hon. Degree—Dr. H. A. Kelso.

THE ALUMNI BANQUET.

The fifteenth annual re-union and banquet, given by the faculty to the alumni, was held in the evening, in the dining-rooms of the Tremont House, which was filled to its utmost capacity, there being a very large attendance. After the business of the Alumni Association had been attended to, the sumptuous repast was carefully and faithfully attended to, and afterwards toasts were responded to by members of the faculty and alumni. In all, a very enjoyable time was had, and one long to be remembered.

ALUMNUS.

Digitized by Google

THE PEORIA MEDICAL MONTHLY.

EDITORS:

DR. J. MURPHY, DR. J. L. HAMILTON, DR. H. STEELE.

THOS. M. McILVAINE, A. M., M. D.,

Managing Editor and Publisher,

204 South-Jefferson Street, - - - - PEORIA, ILL.

*** All exchanges, books for review, and communications must be addressed to the Managing Editor and Publisher.

Editorial Department.

Our Second Volume.

In beginning the second year of this journal, we take occasion to thank our patrons for their aid, as it was through them that we have been able to fulfill the promises made one year ago. At that time we proposed to give a practical medical journal at a low price, and enlarge and improve it in proportion as the profession saw fit to patronize it. Whether our promises have been kept or not, let a comparison between this number and the first issue, a year ago, decide. The pages have been considerably enlarged, and the size of the journal has been more than doubled. A year ago we had no subscriptions, now we number them by hundreds. Our advertising patronage was small, now it compares favorably with those of much greater age. In short, this journal has stood the test of a year's existence, has kept all promises, and is now firmly established. That it is favorably regarded by the medical profession, the large number of subscriptions, and the many kind words of appreciation and cheer written us, abundantly prove.

Our policy will be continued. We shall aim to present to our readers live, original articles, clinical lectures, translations, extracts from other journals on all subjects of interest, therapeutic notes, reports of societies, book notices, editorials on live topics, and items of general medical news. Everything that

Digitized by Google

tends to the elevation of the medical profession will receive careful consideration. We are thoroughly independent of any outside influence, other than what we deem to be right, and thus we shall continue to be.

If you like our journal, we will be pleased to receive your subscription and your assistance. Short, practical articles are especially desired, and will always be welcome.

Therapeutics for Druggists.

The publisher of a recent work on Clinical Therapeutics is now offering it to druggists under the following advertisement:

"DRUGGISTS!
When treating your patients for any disorder, you will find the book, advertised below, invaluable."

This appears in the most widely circulated drug journal in the country, and in a shape that costs at least fifty dollars for each insertion. The question arises at once, if there was no demand on the part of druggists for such books, would the publisher pay such a price as an experiment? We have good reasons for believing that there is a considerable and constantly increasing demand for such books, and that they are in daily use. Druggists undoubtedly have a right to buy whatever books they have the money to pay for, but are they not usurping rights which do not belong to them, when they attempt to treat disease?

A Fable.

Mr. Fox came to Doctor Owl and showed him a new machine for treating his patients, and asked him to recommend it, for with the use of his name many people would believe it to be a good thing. After the Fox had "taffied" the old fellow right smartly, praising his feathers and wisdom, Doctor Owl scratched his name on the paper the Fox had ready, and this happened to several Owls. Shortly afterwards the Owl community was much distressed to hear that Mr. Fox had printed this paper in the form of a circular, and behold it was no longer a simple machine, but a "Female Regulator," in other words a double-geared, back-action, anti-conception arrangement, the use of which is not countenanced openly by the Owls, because it is contrary to their ethics, and furthermore, its frequent use would hurt their business. The commotion in the camp of the Owls was prodigious, and some of them immediately flew to the Fox,

Digitized by Google

full of indignation and wrath, and made him take their scratches (names) from that paper and from the circulars. Mr. Fox saw that the Owls were desperately mad, and consented and did what they wished. Then the Owls were glad and said: "It will be all right if somebody doesn't give us away."

When Mr. Fish, who lived in the head city by the Spring, heard of these doings through Mr. Quack, the Goose, he was wroth, and wrote to the Owls, that he was chosen to look after them and all medical birds, and to regulate them, and that such things as they had done were only permitted to the Quack family, and he reproved them.

Then the Owls were sorely affronted and repented, but the only thing they could say was: "The Fox can't catch us again with his taffy."

MORAL. The Owls by the lake should have learned from the experience of the Owls in St. Louis, who had been snared by the Fox before.

Things somehow often wear a different look after they are printed.

Graduates of 1881.

The total number of graduates from all schools, and of all colors and sexes during this year, will not fall far short of 3,500. We append the number from thirty-five out of sixty-nine Medical Colleges and find that they foot up 2256: Rush Medical College, 172; Chicago Medical College, 62; Bellvue Medical College, 118; Kentucky School of Medicine, 100; Michigan College of Medicine, 27; Starling Medical College, 36; Cleveland Medical College, 51; Ohio Medical College, 103; Columbus Medical College, 63; Cincinnati College of Medicine and Surgery, 30; Medical Department, Wooster University, 41; Miami Medical College, 34; Southern Medical College, 38; Medical College of Fort Wayne, 22; Womans' Medical College of Pennsylvania, 19; Hospital College of Medicine, 25: Medical Department, University of Pennsylvania, 115; St. Louis Medical College, 43; Medical Department, University of New York, 200; Jefferson Medical College, 205; Meharry Medical College, (colored) 3; Medical Department, Nashville and Vanderbilt University, 168; Medical Department, University of Buffalo, 48; College Physicians and Surgeons, Buffalo, 19; Nashville Medical College, 76; Little Rock Medical College, 10; Homoeopathic Hospital College, Cincinnati, 43; Pulte Medical College, Cincinnati, 41; Louisville Medical College, 54; Memphis Hospital College, 19; Medical Department, University of Maryland, 73; Detroit Medical College, 27; College Physicians and Surgeons, Baltimore, 154; Womans' Medical College, Chicago, 17.

Digitized by Google

An Annual Item.

Many of our exchanges, about the end of a volume, contain notices something like the following: "We have now on our books about —— hundred or thousand dollars of unpaid subscriptions. We hope it will be promptly paid, as money is needed to make the mare go"—or words to that effect. In beginning a new volume we will follow suit and say, "we have now unpaid subscriptions to the amount of three dollars. We need money and hope this enormous sum will be promptly paid." Joking aside, we see no reason why our journalistic friends should allow such large amounts to accumulate on their books. They certainly give the worth of their subscription price, and doing so they should insist on prompt payment. This habit has been the means of bankrupting many ventures in the journalistic field and is, to say the least, poor business policy. It is as easy for subscribers to pay the small amount required, at one time as another. We adopted the plan of payment in advance, and find that it pays. We may not have as large a list as we might have had under the other system, but we have the satisfaction of knowing that all we have are paid for. The result has been, that we have been enabled to enlarge and improve this journal for the benefit of our readers, while under the credit plan this would not have been possible.

Personal.

Dr. A. W. Edmiston (Rush '80), located at Clinton, DeWitt County, Ill., met with a serious accident on the 25th of March. By a misstep, while boarding a moving train, his foot was crushed under a car wheel; amputation above the ankle was necessary, and was performed at once. Gangrene ensued and for some time grave fears were entertained for his recovery. Now, we are happy to learn, he is improving, and in a fair way to health. We heartily sympathize with Dr. E. in his great affliction, and hope for his speedy convalescence.

The sudden death of Professor R. O. Cowling, was announced a few days ago. He was Professor of Surgery in the University College, Louisville, Ky., and editor of the *Medical News*. He was but 42 years of age, and his death will be a serious loss to his college and journal, as well as to the profession in his state. He was a brilliant surgeon, and one of the ablest of American medical editors. Dr. Holland succeeds him as editor of the *News*.

At the recent examination for internes at Cook County Hospital, Chicago, Ill., Dr. Frank Billings, of Chicago Medical College, and Dr. Mary E. Bates, of the Woman's Medical College,

Digitized by Google

Chicago, passed the best examination and have been appointed to the positions.

The following members of the class of 1880–81 (Rush) have located as given below:

Dr. Robt. A. Kerr,	New Auburn, Minn.
Dr. H. G. Murdock,	Taylor's Falls, Minn.
Dr. Philip Sattler,	168 S. Halstead St., Chicago.
Dr. T. L. Hinsdale,	Kewanee, Ill.
Dr. W. Painter,	Hubbard, Hardin Co., Iowa.
Dr. A. A. Maurer,	Arcadia, Wis.
Dr. M. Enright,	Knoxville, Ill.
Dr. A. V. Benedict,	Denison, Iowa.
Dr. B. W. Hart,	Wilmington, Ill.
Dr. F. T. Searles (Satan),	Clifton, Iroquois Co., Ill.
Dr. C. H. Frost,	Almond, Portage Co., Ill.
Dr. J. L. Martin,	New Bradford, Ill.
Dr. J. J. Sherman,	Marinette, Wis.
Dr. J. T. Riggs,	Jacksonville, Ill.
Dr. E. L. Emerson,	New Windsor, Ill.
Dr. W. E. Guthrie,	Bloomington, Ill.
Dr. W. T. McLean,	Maroa, Macon Co., Ill.
Dr. A. R. Graham,	Monmouth, Ill.
Dr. Stephen Hunt,	Coatsville, Ind.
Dr. C. W. Duffin,	Garnaville, Clayton Co., Ill.
Dr. F. C. Vandervort,	Tonica, Ill.
Dr. E. L. Annis,	LaPorte, Ind.
Dr. John Fishel,	Greeley, Delaware Co., Iowa.
Dr. T. I. Dunn,	Elliottstown, Ill.
Dr. I. J. Bennett,	Jefferson, Wis
Dr. T. King Ross,	El Paso, Texas.
Dr. A. E. Rogers,	El Paso, Texas.
Dr. Wm. Stoelting,	Centreville, Manitowoc Co., Wis.

Items.

The Illinois State Medical Association meets at Chicago Tuesday, May 17, 1881.

The Central Illinois Medical Association will hold its annual meeting at Champaign on Wednesday, May 4, 1881.

The Missouri Legislature has rejected a bill to regulate medical practice, at which Bro. Hazzard, of the *St. Louis Clinical Record*, crows mightily.

The American Medical Association will hold its thirty-eighth regular session in Richmond, Va., beginning Tuesday, May 4, at 11 A. M., and continue four days.

The West Virginia Legislature has passed a Medical Act. It is similar to that now in force in Illinois, and contains the same unsatisfactory "ten year" clause, which we consider the weakest point in all such laws.

Digitized by Google

The New York Academy of Medicine have appointed a committee, consisting of Drs. Pfiffard, Sturgis and Fox, to ascertain the actual number of lepers in this country at the present time. Any of our readers knowing of any lepers will please notify the chairman of the committee, at No. 11 West Thirty-fifth street, New York City.

The Woodford County, Ill., Medical Society will hold their next regular meeting Tuesday, May 3, in El Paso. Dr. C. T. Lichtenberger, of Eureka, is president of the society, and Dr. F. Cole, of El Paso, secretary. This is a wide-awake county society. Its members take a working interest in it, and as a consequence, its meetings are both profitable and pleasant.

There are sixty-four "Old Fellows" in attendance upon the Practitioners' Course at Rush Medical College. Last year the number was forty, showing, by the increase, that the post-graduate course is appreciated. It is the very best thing a practitioner can possibly do. It gives him a chance to brush up his ideas, get out of the ruts, review his anatomy by dissecting, and gives him a physical and mental rest.

The Illinois House of Representatives has just passed a bill to amend the Medical Practice Act, so as to require a license fee of $100 per month from all itinerant "doctors," venders of drugs, medicines, etc. There was a clause to the same effect in the Medical Act as originally passed, but from some defect it could not be enforced. We hope it will soon pass the Senate. Other amendments to the Medical Act are before the House, and it is to be hoped that they will soon be passed and put into effect.

The Military Tract Medical Association will meet at Galesburg, Ill., Tuesday, May 10, 1881, prompt at ten o'clock A. M. The following committees are earnestly requested to prepare themselves, and to be present at this meeting:

Practice of Medicine—S. M. Hamilton, H. Nance, H. L. Harrington, E. Smith, S. N. Wear, A. S. Slater.

Surgery—J. S. Todd, M. Reece, G. L. Corcoran, H. C. Hopper, J. P. McClanahan, A. C. Babcock, W. S. Holiday.

Materia Medica and Therapeutics—A. E. Baldwin, J. A. Mitchell, J. M. McClanahan, E. R. Boardman.

Obstetrics and Diseases of Children—R. B. Smead, T. A. Scott, J. H. Wallace, H. S. Hurd, J. B. Ingels, J. F. Purdum, J. V. Frazier.

Essayist—M. A. McClelland.

Necrology—B. S. Peck.

HERBERT JUDD, *Pres't.* B. S. PECK, *Sec'y.*

We call the special attention of every reader to the inducements to subscribers offered on page 11.

Digitized by Google

Some Things that may Interest You.

IT has been claimed, and with very good show of truth, that it is difficult to get a pure article of powdered drugs. Some druggists say that such goods cannot be had. Since many officinal preparations are made from the powder, it is a matter of the utmost importance that they be absolutely pure. Recognizing this fact, Allaire, Woodward & Co. have prepared a full line of powdered goods, "strictly pure," which they guarantee to be free from all adulterations and made from selected goods.

The line of pressed herbs introduced by this firm took the trade by storm and is now the most popular brand in the market, because it has proven to be the best. We feel confident that this new departure will meet with the same success.

Read what they say about Powdered Drugs on the last page of the cover.

THE "Seven Springs Iron and Alum Mass" is highly recommended by a large number of physicians for the treatment of Dyspepsia, Anæmia, Nervous and Muscular Debility, and various Uterine Diseases. Dr. G. P. Johnson, of Richmond, Va., says it is one of the best tonic alteratives he has ever used.

YOUR attention is called to cards on page 27 and third page of cover, headed For Sale. If you wish to locate, one of these places may suit you.

BATTLE & CO. have made a wide reputation on Iodia and Bromidia. The large number of physicians of high reputation whose names are given as references of their value, is a sufficient warrant that they are worthy of trial. As a hypnotic Bromidia is claimed to be the best in use, while Iodia is the ideal alterative.

IF you have a case that is not getting along on Cod Liver Oil as well as you wish, or one in which the oil is not well borne, try Maltine or some of the Maltine preparations. The constructive properties of Maltine place it at the very head of tonics and nutritive agents. Reed & Carnrick have done the profession invaluable service in its introduction. Read the analytic reports on pages 18 and 19.

THE enterprising house of John Wyeth & Bro., acting on the suggestion of many physicians, are now manufacturing "Soluble Compressed Hypodermic Tablets," thus insuring accuracy of the dose, ready and entire solubility and the perfect preservation of the drug. Those now made embrace Morphia from one-twelfth to one-half grain, Morphia and Atropia, Atropia and Strychnia. They are convenient to carry, easy to prepare for use, and the practitioner can know just what amount of the drug he is administering.

THE time for summer spots, hunting and fishing is approaching, and it behooves those interested to get ready in time. Hunting and fishing are about the only luxuries that many physicians allow themselves, and they require good equipments to be successful. If you want a good gun or any gun fixtures, or a fine rod and good tackle, address I. Walker & Son. Read their advertisement on page 12.

NOT only druggists but physicians as well will be interested and benefited by the "Compendium of Modern Pharmacy." From the large number of testimonials the publisher has received, one will serve as a sample. Geo. J. Klein, 3625 Broadway, St. Louis, Mo., writes: "Kilner's Formulary is worth ten times its cost. I have adopted it as a book of daily reference." See publisher's card on page 10.

Digitized by Google

THE PEORIA

MEDICAL MONTHLY.

VOL. II.——JUNE, 1881.——No. 2.

Original Communications.

ART. I.—**The Pancreas.** By ROBERT ROSKOTEN, M. D., Peoria, Ill.

It is a singular fact that, in our practice, we almost invariably overlook the pancreas. Indeed, our attention is so seldom drawn to this organ that, at the bedside, we almost forget its very existence. The reason for this may be found mainly in the difficulty of making a strict diagnosis of its diseases, on account of its location, which is not so accessible to an examination as most of the neighboring organs. The close proximity of, and the intimate connection with, the stomach, the liver, and even the spleen, make it obvious that most of the disturbances befalling the latter organs will also involve the pancreas, and *vice versa*. Hence it becomes difficult to determine which organ was primarily involved, and which is the one most affected. It is generally laid down that diseases of the pancreas are of very rare occurrence, but I believe this to be a mistake.

The pancreas lies in the posterior part of the epigastric region behind the stomach, the left lobe of the liver and mesocolon, extending transversely from the hilus of the spleen to the curvature of the duodenum. The form of the gland has some similarity with that of an old-fashioned pistol. The right extremity or head is the largest portion, and lies in the concavity of the duodenum, its middle part or body becoming smaller and tapering into the tail, which reaches as far as the hilus of the spleen. The pancreas is a conglomerate gland, considerably larger than the parotid. Its acinous structure resembles that of the salivary glands. It is well supplied with

Digitized by Google

blood-vessels of a large caliber. The arteries are derived from branches of the splenic, superior mesenteric and hepatic arteries. There seem to be but few nerves, derived from branches of the solar plexus. Wirsung's canal, the excretory duct of the pancreas, commences by the union of several branches at the tail-end of the gland, passes through the organ from left to right, and, about three or four inches below the pylorus, opens into the duodenum, forming a common orifice with the ductus communis choledochus on the surface of a raised papilla.

The physiological function of the pancreas may be comprised in the following: It produces a glairy, odorless and colorless alkaline fluid, analogous to that of the salivary glands; the quantity of the secretion may reach about one-half of that secreted by the liver. The office of the pancreatic juice, according to the best authors, is the conversion of starch into sugar, and of the albumenoids into peptones, and the emulsification of fats. Its secretion increases during the presence of chyme or other stimulus; therefore it is not continuous, but periodical, occurring after the chyme has passed the pylorus. The pancreatic juice is not absolutely necessary for the chylification of food; its absence does not entirely interrupt the process of digestion, nor does it cause an immediate danger of life.

As it cannot be my intention to embrace in this article the entire physiology and pathology of the pancreas—for which I would refer to Ziemssen's Cyclopædia of Practice of Medicine—I will only make a few remarks based mainly upon my own observations.

Drugs or other agencies, which irritate the salivary glands, will act in the same manner upon the pancreas. Ahead of all others stands mercury. All sialogogues—*f. i.*, spices, horseradish, mustard, capsicum, pellitory root, tobacco (more particularly, strong Havana cigars), and *jaborandi*—will produce great activity in the pancreas. Some diseases also exercise a peculiar influence in that respect. Thus pancreatitis may occur simultaneously with parotitis following scarlet or typhus fevers, or it may set in after the parotitis has disappeared. I am inclined to believe that during the period of dentition many cases of diarrhœa are caused by an excess of pancreatic juice, in consequence of the close sympathy between the salivary glands and the pancreas. In the first place, the secretion of saliva is increased; the children commence to slobber, while their passages remain mostly normal, but as soon as by inactivity of the salivary glands the mouth becomes dry, we may look for sudden and copious watery stools, mainly caused by a vicarious but excessive pancreatic secretion.

A similar sympathy exists between the testicles and the pancreas. Every physician knows that during our last epidemic of mumps we met with more complicated and protracted cases than usually. I hardly need to mention the frequent occurrence

Digitized by Google

of orchitis in the trail of mumps; but, aside from this, I observed many cases wherein, after the sixth or seventh day, when the swelling of the parotis or testicles had entirely disappeared, the patients commenced to vomit a glairy, colorless fluid in such a quantity that it could not well be ascribed to the stomach, from whose secretion, moreover, it differed; doubtless it came from the pancreas. Alll of these patients complained of a deep-seated, burning pain in the epigastric region. In other cases the tongue became red and dry, whereupon, suddenly, a watery or viscid diarrhœa set in, always affording great relief.

A very frequent cause of pancreatic disturbances is self-abuse. How often are we not consulted by young men complaining of dyspepsia, while their down-cast eyes, the scummy saliva gathering between their lips while speaking, direct our attention to the real cause of their complaint. When closely examined we find that, aside from spermatorrhœa or other trouble, the sympathetic irritation of the pancreas is the cause of their dyspepsia. In damp, swampy countries, or where scrofula reigns, diseases of the pancreas are frequent—in Upper Egypt even epidemic. There is a predisposition in the male sex to pancreatic diseases. Shoemakers, who are in the habit of pressing the last against the pit of the stomach, are liable to chronic inflammation of that organ.

The right extremity or the head of the gland is the part most liable to be affected, much less the body, and the tail is hardly ever involved. Pancreatitis is either acute or chronic. The pancreatic pain is felt in the epigastric region. It is deep-seated, indefinite, but sometimes becomes vivid, burning and cutting, increasing by pressure. In acute pancreatitis the patients complain of a peculiar sensation, which, like a burning flame, extends upwards through the œsophagus, combined with the ejection of a sour, bitter or tasteless fluid, which may amount to several pounds a day. In all acute diseases of the pancreas sudden and intense vomiting combined with fever, a sensation of great weakness, even collapse, is a constant sign. The pain, the sinking and vomiting is caused by the pressure upon the semilunar plexus, analagous to the effect of a blow upon the epigastrium, consisting in nausea, weakness, and even in death. In chronic pancreatitis, vomiting sets in two or three hours after the meals, seldom mixed with the eaten food, and it ceases as soon as diarrhœa supervenes.

An examination of the pancreas should only be made when the stomach is empty, and after the bowels have been moved by cathartics. The knee-elbow position is required, but even then it is very difficult to reach the gland with the tips of our fingers. A tumefied pancreas will communicate the pulsation of the aorta, but this is of no diagnostic value, as epigastric pulsation may be produced by aneurisms of the aorta, and tumors before

Digitized by Google

it, furthermore by nervous influences, *f. i.* in hysteria, in gastric fevers, etc. But in a few cases of acute pancreatitis I am almost certain of having perceived the pulsation of its own arteries.

The secretion of the pancreatic juice may become excessive, when it will cause either watery stools, regurgitation or vomiting of the surplus fluid, or, it may be partially or wholly suspended, when the digestion of fat and albumen and the transformation of starch into sugar will cease. Hence we observe those well known fatty stools.

Of the qualitative changes of the secretion in diseases but very little is known.

The theory has been advanced that while the pancreatic juice has the power of dissolving fats, so its deficiency may become an indirect cause of the formation of gall-stones. Jaundice may set in by pressure upon the ductus communis choledocthus, and ascites by pressure upon the portal vein. Concrements in Wirsung's duct produce a colic which resembles so closely that caused by gall-stones that during lifetime a strict diagnosis is impossible. Cancer is usually secondary in the pancreas; its growth may extend from the liver, the stomach or omentum, sometimes tangling all these parts in one mass. By the pressure of the head of the pancreas on the pylorus and duodenum, these organs can become obstructed, presenting all the symptoms of strangulated hernia.

Acute pancreatitis will result either in resolution, in suppuration, causing abscesses, or in gangrene. Induration is a frequent consequence of chronic inflammation; in such cases the salivary glands often assume a greater activity.

Long lasting pancreatic trouble causes anaemia and emaciation, either by the great loss of albuminous matter contained in the excessive secretion, or by want of digestion of the fatty and starchy matter, when the secretion is suspended. Such patients exhibit an unusual pallor. In some obstinate cases nocturnal emissions will take place, always aggravating the evil. This fact again shows the intimate relation between testicles and pancreas.

When acute pancreatitis is suspected, the application of leeches in the epigastric region and in the region of the first lumbar vertebra will prove beneficial. The free use of narcotics, internally and externally, is strongly indicated. After the vomiting has subsided, the use of mild laxatives may be resorted to; the patients will always feel much relieved after a dejection. In chronic cases resolving remedies, such as muriate of ammonium, dandelion, soap, etc., may be given alternately with tonics or alteratives. Blisters in the epigastric region and general warm baths always do good services.

When the pancreatic secretion is impaired and the fæces contain an unusual quantity of fatty matter, we have to assist nature in introducing a substitute. The pancreas of a pig or

Digitized by Google

calf, slaughtered when the animal was digesting its food, will answer the purpose. An emulsion of the gland has been recommended. I prefer the gland in substance; minutely chopped it can be easily taken in ale or ginger tea. It is best to administer it about an hour after each meal, so as not to interfere with the gastric digestion. We have to keep in mind that the pancreatic juice is of alkaline reaction, the gastric juice acid and that before the chime passes the pylorus it should not be interfered with. For the same reason I have but very little confidence in lactopeptine and similar compounds. Pepsine, when indicated, should be given separately and some time before the pancreatic juice.

In conclusion, I would once more call attention of the profession to the importance of the pancreas, recommending a diligent study of the pathology of this so much neglected organ.

ART. II.—**A Case of Empyema: Treatment by Irrigation—Recovery.** By JOHN A. ROBINSON, M. D., Chicago, Ill.

The patient, Heinrich H——, a German, aged 11 years, came under my observation May 11, 1880. He had been under treatment by another physician for the period of about two weeks, who had diagnosed the case as pleurisy with effusion. The lad was considerably emaciated, weak, and of a sallow complexion. His breathing was hurried and laborious, the left wall of the chest having an œdematous appearance. Upon examination, the following signs were elicited: Loss of motion of left side; increase in size of left side, with bulging of intercostal spaces, the apex beat of the heart being in the fourth intercostal space to the right of the sternum; by percussion there was obtained complete flatness over the left lung, and, upon auscultation, loss of respiratory murmur on affected side, with exaggerated vesicular breathing on the sound side; temperature, 103½°; pulse, 130 per minute, quick and weak. In addition to the dispnœa, there was an anxious expression of the countenance, with inability to lie on right side. From the appearance of cachexia the case was diagnosed as empyema.

Fearing a fatal result if the fluid was not soon removed, aspiration was resorted to, and about fifty ounces of creamy pus was obtained. The patient was relieved for a few days, but, on May 22, paracentesis thoracis was repeated with the hopes that the remaining effusion would disappear. About forty ounces of pus was obtained at this aspiration. But, instead of the effusion disappearing, it rapidly accumulated, and it was decided to perform the radical operation for empyema, using irrigation of the pleural cavity.

Digitized by Google

On June 1, I made an incision into the pleural cavity, between the fourth and fifth ribs, about their middle, and there gradually flowed out fifty-eight ounces of pus, somewhat fetid. I introduced a drainage tube, and dressed antiseptically. All the Listerian precautions were taken. The next day the pleural cavity was washed out with a one per cent. solution of carbolic acid, under the spray, dressings again being applied. Desiring to insert a silver tube, but not being able to obtain one, I had ordered one to be made. In the meantime, the Listerian method of dressing had been so successful that it closed up the wound almost entirely, which necessitated the repetition of the operation June 8. Again a considerable quantity of pus was obtained, but of a laudable nature.

A record of the temperature and pulse was taken, but I may abbreviate by saying at no time did the temperature exceed 103½°, or the pulse 124. The temperature gradually decreased, and the pulse finally became about 80. I continued to wash out the pleural cavity twice a day with the carbolic acid solution until June 20, when I did so once a day until July 7. The only internal medication was a pill composed of ferri sulph. et quiniae sulph., each 2 grains, ext. hyoscyami 1 grain. The lad's appetite gradually increased until it became almost ravenous. His cheeks became rosy, his strength returned gradually. The flow of pus became daily less in quantity until July 17. I removed the tube, and in a short time the wound had healed.

August 3 I made an examination of the patient, with the following result: Apex beat of the heart a little to the left and higher than the normal position; the left lung had expanded, and there was good vesicular breathing over the entire left side, with the exception of an area of two inches in diameter at the site of the incision; some dullness from adhesions; some contraction of the left side, with drooping of left shoulder; general health good, and able to take quite active exercise. I advised calisthenic exercises to promote expansion of the left side of the chest, and the result is, now, the lad is quite erect in posture, and from his present appearance none would suspect he had ever had any serious illness.

The points of interest in connection with this case are, first, the large quantities of pus which were obtained; second, the absence of much fever after the operation and during the subsequent treatment; third, the fact that sometimes the antiseptic method may give rise to inconvenience unless we guard against them; fourth, the good results obtained, being one more point in favor of treating such cases by irrigation. I wish to add, my method of washing out the plural cavity was by introducing a flexible catheter into the pleural cavity and connecting

Digitized by Google

it with a bottle from which the air had been exhausted. In this way I could remove all fluid from the pleural cavity. Then I injected the carbolic acid solution and removed it in the same manner, repeating the process until the solution was obtained clear.

ART. III.—**A Case of Ovarian Abscess, with Post Mortem.** By L. L. LEEDS, M. D., Lincoln, Logan County, Illinois.

On February 6, 1881, I was called to the following case, with this history: Mrs. D——, a healthy German woman, age 38, was pregnant with the fifth child; about four months advanced; nothing unusual was noticed until after a bad scare, which she experienced on Christmas night; following closely upon this, she noticed her abdomen beginning to enlarge quite rapidly, accompanied by œdema of the lower extremities; found the patient complaining of pains simulating the pains of labor, which had been on her some hours. Upon examination, found abdomen very greatly distended—more so than at full term of gestation; some tenderness, and especially in the left lumbar and inguinal regions; the skin covering the tumor was sleek and shining; by palpation over the tumor, it was found to be firm and solid; there was none of the elasticity which is felt over the uterus at full term of gestation; on the contrary, it was hard, tense and resisting; dull and flat on percussion, and immovable; by placing the hand flat on one side of the abdomen and striking on the opposite, no percussion waves could be felt until the hand was placed quite low down, when they were perceptible, but not markedly so; no bruit nor murmur of any kind could be heard over any portion of the tumor.

Vaginal Examination.—As I was proceeding to make a vaginal examination, the nurse threw down the clothing, exposing the patient, when my eye was attracted by a protrusion of some kind from the vagina, which was somewhat distended; taking hold of the protruding portion I was able to push it back into the vagina, which I found distended with a semi-fluctuating tumor completely filling it, but in vain did I search for the os uteri. Upon pushing the tumor upwards about eight ounces of cloudy fluid passed away, resembling much the liquor amnii. There was no difficulty in voiding the urine, nor in moving the bowels. Prescribed quiet, opiates to allay the pain, beef tea, etc. Visiting the patient on the following day (February 7), found nothing new of importance. Examination conducted as on the preceding day, and with same unsatisfactory results; no os was within the reach of my finger; patient not suffering so much, but emaciating; countenance anxious and peculiar, denoting a state of depression. Treatment continued with addition of stimulants. In my absence, February 8, Dr. Brown

Digitized by Google

visited the patient; found her about same as previous day. There was no new development until the 10th, when I found that about four ounces of pus had passed from the vagina during the night. At 2 A. M. of the 12th, pains came on and continued until 6 A. M., when a large amount of pus—one gallon or more—passed away from the vagina, followed in about thirty minutes by a fetus, which was well formed, and had undergone no decomposition; evidently had not been dead but a few days at the furthest; placenta came away easily; no hemorrhage; the pus was very offensive. Ordered injections of warm carbolized water to be freely used, with good nourishment and stimulants. The tumor rapidly diminished in size, and during the day œdema of the legs began to disappear. February 13, the pus continues to discharge in large quantities, and tumor growing smaller; it is now limited to the left lumbar iliac region, where still remains some tenderness and fullness; strength failing, and continued to do so until 10 P. M. of the 14th, when she expired.

Post Mortem, fifteen hours after death, was made, with the assistance of Dr. Brown. An incision extending from the pubis to the umbilicus in the median line was made through the skin, beneath which was a moderate amount of adipose tissue. While cutting through this tissue, came down upon a collapsed cavity, following which through the abdominal walls, found a communication with a still larger one in the abdominal cavity. Extending the incision from the umbilicus to the left and right, found the abdomen largely infiltrated with pus and softened for an inch or more to the right of the umbilicus, and to the left throughout the entire lumbar and inguinal regions. Coming down into cavity of abscess, found it large, irregular and saculated; sac of abscess thick and closely adherent to the side and wall of the abdomen on outer side, and to the folds of intestines internally; cavity contained about one pint of pus and fluid, upper extremity extending as high as the lower portion of false rib. The opening into the vagina was to the left of uterus, from which opening the discharge of pus had taken place. The uterus had contracted, and the left ovary was entirely gone.

ART. IV.—**A Case of Imperforate Hymen.** By J. LITTLE, M. D., Bloomington, McLean County, Ill.

April 10, 1881, I was called to see Mrs. M. P—— in confinement. She was a primipara, was 19 years of age, was large and well developed, had been married two years, and her previous health had been good. The time of her expected accouchment had arrived, and she had, from all accounts, been in labor five or six hours, and was then evidently entering upon the second stage of labor. I proceeded to make a digital examination per

Digitized by Google

vaginam. My finger came in contact with a strong membrane over the mouth of the vagina, just within the labia minora, with apparently no opening through it into the vagina. The membrane was in the situation of the hymen, and, on careful examination, I concluded it was the hymen. The woman and her husband declared that they never had any difficulty in having full and free sexual intercourse, and the woman said she had always menstruated regularly, and that about eighteen months previously she had a miscarriage. I exposed the parts to the light and made a thorough examination with fingers and eyes and found a strong, complete and, apparently, imperforate hymen. I had my friend, Dr. W. Hill, called, who, upon a thorough examination, confirmed my diagnosis and agreed to my proposed treatment, which was, of course, to cut the membrane away. We thought there must be an opening somewhere through the membrane, and I passed the point of a probe over it in every direction and on every part, and finally the probe passed through a small opening into the vagina. This opening was very near the right side of the hymen, and about half way from the anterior to the posterior part. It seemed just large enough to allow the point of an ordinary probe to pass through it. A grooved director was passed into the opening in the hymen, and with a probe-pointed bistouri it was divided, longitudinally, and, by introducing two fingers and pressing in every direction, the opening was made capacious and the membrane was almost obliterated. The labor progressed favorably, and the woman was delivered of a large, well-developed child.

ART. V.—**An Address.** Delivered before the Adams County Medical Society, by the President, DR. FRANCIS DRUDE, Quincy, Illinois.

My Worthy Colleagues and Friends:

The by-laws of our society ordain that the President, at the annual meeting, shall address the society; and in his absence the Vice-President shall succeed to all his powers and duties. It first becomes my painful duty to record the death of our late President, Dr. Edward G. Castle, than whom there was no truer, more faithful, upright man. "Praising what is lost makes the remembrance dear." Within the last few years our society and the profession at large have lost three of its most prominent members—Drs. Bartlett, Ralston and Castle—each of them a Corypheus in science and practical knowledge, whose loss is deeply felt. We would like to consult the sibylline books and inquire, who is the next veteran that follows the example of those illustrious predecessors? Of the original members, only the following survivors are left to day: Drs. I. T. Wilson, M. J. Rœschlaub, and Lewis Watson, who for the last fifteen years

Digitized by Google

has lived at Ellis, Kansas. I, myself, joined shortly after its organization. While our society thirty-two years ago started with only ten original members, it now numbers forty-nine; and, without self-praise, we may say that it comprises the best talent of city and county. In the course of this time the society has lost twenty-one members by death, and a few by removal; but it would be strange, if such an amount of erudition could not, by some effort, make our meetings both very interesting and instructive.

Let us, therefore, each and every one of us, endeavor to contribute our share to accomplish so desirable an object. Let us, besides this, try to cultivate a more fraternal spirit among the members of our society, and I am sure that a great deal of good to ourselves will follow, while the outside world will not fail to respect us more and appreciate such brotherly intercourse; for nothing lowers the profession more in the eyes of the public than when the members of any society act towards one another as jealous or malicious enemies.

JUL 12 1888

Before I close these remarks I wish to call your attention to a disease which has occurred within the last few years more frequently than in former years, and very often proves fatal. I mean eclampsia of pregnant women, during the act of parturition, and even post partem. This fearful disease reminds me of an occurrence in the history of medicine which took place in Prussia about eighty years ago. There lived in a town named Quedlinburg, province of Saxonia, a doctor by the name of Leonhardt. who prepared, by permission of the government, a certain patent medicine, put up in quart bottles, which gained such reputation that it was in demand in all parts of the world. He called it "Leonhardt's Health Potion for Pregnant Women." He claimed that it had the following virtues: It would insure regular operation of the bowels, prevent dangerous constipation; he assured the public that the embryos would be thinner, confinement easier; in particular did he recommend his potion when in former cases of confinement it had been impossible to deliver a live child; where the accoucheur had to resort to embryotomy or to the forceps with such force and vehemence as to save the life of the mother at the sacrifice of the life of the child; last, but not least, he claimed that his medicine was the surest safeguard of preventing eclampsia, because it counteracted the coagable condition of the blood during gestation, thereby preventing embolism and thrombosis—the main causes of eclampsia, or even acute mania, so often occurring in childbed.

Dr. Leonhardt was very successful with his potion. He made a fortune. Chemistry was then not so far advanced that a reliable analysis could be made until Dr. Klaproth, in Berlin, about the year 1820, found out the contents of the famous med-

Digitized by Google

icine. He analyzed it, and found that each quart bottle consisted of 3 ounces of sulphate of magnesia, sugar, water, and a small quantity of claret wine to give it color. One teacupful at night was the usual dose, to be taken for at least the last three months of gestation. Since it was known, the arcanum lost its charm, and however beneficent in its results it had proved to be, it was comparatively forgotten.

My experience, I am free to say, fully concurs with the above boasted statements. In every case where I have been consulted, and find great tardiness of bowels, particularly in the latter months of pregnancy, I have made use of Epsom salts, systematically and continuously for months. In small doses, only to insure regularity of passages, it never does harm, never brings on abortion or premature birth, but it is certainly apt to prevent those malignant if not fatal diseases, and a most severe confinement.

There is still another point to which I would like to direct your attention. Experience has shown that long continued cold weather is very apt to induce canine rabies, and we may be on our guard against hydrophobia during the hot summer season. A decimation of the canine race would prove a great blessing to humanity.

ART. VI.—**Lithotomy, or Lithotrity.** Read before the Military Tract Medical Society, at Galesburg, Ill., by Dr. G. L. Corcoran, of Brimfield, Peoria County, Ill.

As every one knows, the operation of lithotrity, as compared with lithotomy, is of very recent date; for, we learn, the latter was practiced by the Greek and Roman surgeons, whereas the operation for crushing the stone did not attract any attention until about 1820, and it is the French to whom the credit is due of having introduced the operation. Lithotrity—at any rate, in the skillful hands of Sir Henry Thompson—may be said to have reached almost perfection; and it is by a judicious selection of the operations that a brilliant result is obtained in a large number of cases.

It is of the greatest moment, both as regards the reputation of the surgeon and the health of the patient, which of the two operations is the one by which the calculus is to be removed—to determine, in fact, which of the two modes of proceedings presents the best prospect of success.

Every surgeon knows that he can lay down no very hard and fast rule; neither is it wise, either for himself or his patients, to adhere to one operation.

Digitized by Google

Except for stone in the bladder occurring in children, were conservative surgery more advanced—as it doubtless, one day, will be—we should rarely hear of the operation of lithotomy being performed. But, even now, surgeons do not send home stone patients to wait until the calculus is ripe to cut, but they perform the crushing process, and thus rid their patients of a very disagreeable appendage to their bladders. It is then, plainly, the imperative duty of every practitioner or surgeon, in cases where stone is suspected in the least, to sound the bladder, and by this means detect calculus when it is very small.

As stated above, children under the age of puberty are generally cut for the obvious reason that the urethra is very small; and, moreover, the mucous membrane of the bladder is very irritable at this age. The condition of the urethra, were it not for the irritability of the bladder, might be remedied by the construction of smaller instruments; and this method is had recourse to when the stone is very small—say about the size of a pea—and when all the fragments can be taken away at one sitting. On the other hand, in old age, as is the case with young children, the urinary organs are in a very irritable condition, and a low form of cystitis is generally set up by the passage of the lithotrite, or from the small fragments of the calculus, striking the walls of the bladder or being retained. Still it must be borne in mind that the operation of lithotomy has proven very fatal in persons advanced in years. Thus, in Surgeon Williams' tables of cases of lithotomy, performed from 1772 to 1869, the percentage of deaths was thirty, from 70 to 80 years of age, as compared with seven per cent. of children under puberty.

Crushing cannot be applied to a stone which is of such a size that the amount of sittings to crush it would prove fatal to the patient by exhaustion. It is stated in most works on surgery that, as a general rule, stones below the diameter of one inch—ceteris paribus—may be crushed. Sometimes a stone is of such a nature (one of lithic acid, for example) that it cannot be safely crushed, the fragments being so sharp and having such well-defined angles as would doubtless quickly set up a large amount of cystitis.

The question of multiplicity of stones demands a little consideration, and it may be stated that where the calculi are small and few, crushing may be performed, for the debris will scarcely be more than from an ordinary-sized calculus.

There are some conditions of the urinary organs that negative crushing. Of these the chief are: Irritability of the urethra and bladder, aggravated by the introduction of the instrument; the existence of organic disease; the presence of casts and albumen in the urine; an encysted calculus; atony of the bladder; stricture of the urethra, and prostatitis.

Digitized by Google

ART. VII.—**Theories of the Production of the Sexes.** By SILAS HUBBARD, M. D., Hudson, McLean County, Illinois.

In the April number of the year 1855, of the Buffalo *Medical Journal*, I published an article on the above subject. Since that time little new has appeared on this subject, unless it has been immediately refuted by others, while a few old theories, which were never substantiated, have again been advanced, and now I thought I would write a few lines of additional facts still further in favor of the theories I then advanced. One theory on page 648 I will now quote: "The ovum which grows to be a male is fecundated as soon as it is sufficiently mature to be impregnated, or while it is quite recent; but if its fecundation is postponed to a particular period later, it grows to be a female." Tending to favor this theory, I will mention the female insect called the vinefretter, which, after one copulation, has nine broods at stated periods. The first eight broods are all females, while the ninth are males and females, which shows that in the case of the vinefretter the least developed and least mature ova at the time of impregnation became males, while the older and more advanced ova became females; and why would not the same law apply to other animals?

In the case of the female turkey, one copulation impregnates the ova for the season, or for two broods, and farmers inform me that the first brood are principally females and the last brood principally males, which shows that in the case of the turkey the most recently formed at the time of impregnation become males, while the older and more mature ova become females. May not the same law apply to man?

A queen bee which has never had connection with a drone lays nothing but drone eggs. They all hatch out drones because the ova did not come under the influence of the sperm, which is partly in accordance with my theory in regard to the human ova—that those which became males were generally impregnated while in the ovara, or fallopian tubes, and consequently would not come under the influence of the semen so extensively as those which were impregnated while in the uterus, which I supposed would generally become females. In accordance with the above theories I stated that extra-uterine fetations were more likely to be males; and from what statistics I can gather a larger number are males, while in placenta præva cases a larger number are females.

Illustrating how extra-uterine cases are more likely to be males, the last case I have read is by Dr. Wilson, in the London *Medical Record*, on a case of combined intra-uterine and abdominal twin pregnancy, in which the extra-uterine one was a male, and the intra-uterine one was a female.

SINCE November Philadelphia has had 5,000 cases of smallpox, of which over 1,000 have died.

Digitized by Google

Clinical Lectures.

Spinal Cirrhosis. By J. M. DA COSTA., M. D. Reported for the Peoria Medical Monthly.

J. B., æt. forty-five, a watchmaker by trade. His father died at the ripe age of ninety. All the members of his family have been long-lived. The patient states, with the single exception of some bleeding piles, which troubled him some eight years or so ago, he has always been a perfectly healthy man. He denies that he ever contracted venereal disease. About five years ago he traveled around the country a great deal with a horse and wagon. During this time he was very much exposed to vicissitudes of weather. At first he did not suffer at all from this exposure, but some three years ago he began to have occasional pains in the calves of his legs. These cramps gradually became more marked, a sense of numbness first affecting one and then both legs. Finally, not limited to the legs alone, it attacked three fingers of his left hand. About this time there was some difficulty in retaining his water. It dribbled away all the time. The piles, too, returned again, and were a source of great annoyance to him. These were the symptoms from which he suffered three years ago. Two years ago his feet became very clumsy and unmanageable, turned under him very often, so that he stumbled frequently, and he sometimes seemed to be entirely unable to control the motions of his legs. He frequently fell in getting out of his wagon. There were now and then sharp twinges of pain in his legs, lasting ten or fifteen minutes. This pain never kept him awake at night; occasionally the pain was accompanied by twitchings in the legs. It was at this time, also, that he first became cognizant of a feeling of tightness about his waist, as if of a belt. He would frequently loosen his clothes and take medicine to relieve this sense of constriction, which he supposed was caused by flatulence. During all this time he had no headache and no pain in his head. His eyesight, however, became very poor, and he had numerous spells of passing giddiness. Eighteen months ago he had the piles cured by an operation, but without the least benefit accruing to him. The incontinence of urine grew more marked, and he was finally admitted here for this disease. After he was admitted, we found that the incontinence of urine was only a small part of his malady. He can now only walk with the help of crutches. If you will look at his legs, you will see that there is much atrophy. The left leg is more atrophied than the right. There is a good deal of congestion of the superficial veins on both legs. When I pinch his feet, or when I use a pin on the dorsum or sole, he scarcely notices it. The reflex movements are not quite abolished, as a slight movement takes place. The

Digitized by Google

muscular sense is much diminished. The legs, though not quite paralyzed, can only be very imperfectly managed. By this I mean that the control of muscular motion is much disturbed. The sensation of touch is diminished in both of the arms. The grasp of both hands is feeble. He can pick up small objects, but cannot thread a needle. The power of co-ordinated movement, however, is not nearly as much destroyed in the arms as in the legs. Under the use of a slowly interrupted current, the muscles of both legs quiver, but it requires a very strong current to make them move. The man does not feel any current. We are thus shown that the electro-muscular sensibility is entirely destroyed. Trying a quickly interrupted current, we find that its effects are but slight, but a mere quiver of the muscles being apparent. The rectus on the right side only moves under the influence of a very strong current. The same is the case on the left leg and thigh. In the right arm the muscular motion is still good. The muscular contractility of the arms is not altered on the right side, and but slightly impaired on the left. The electro-muscular sensibility of the arms is preserved completely. In summing up the clinical history, I would call particular attention to the muscular quivering entirely irrespective of the action of the battery. There is no albumen in the urine, a perfectly healthy eye-ground, and no disease of the heart. The disease has attacked the posterior and lateral columns of cord much more than the anterior, though even these are not intact. The absence of tremors proves that the motor ganglia at the base of the brain are altogether free from disease; I have no doubt that the disease originally started in congestion of the spinal cord, or in congestion with some spinal meningitis. The treatment has consisted in doses of the one-thirtieth of a grain of the bichloride of mercury given thrice daily. Now he bears as much as the one-fifteenth of a grain. Occasionally of late strychnia has been employed. In discussing the case I have first to inform you that it is undoubtedly of multiple spinal sclerosis. This sclerosis has affected more particularly the antero-lateral and posterior parts of the cord. It is not limited to the lower part of the cord, for there must also be points of sclerotic disease in the upper cord, though the disease is less marked there. This sclerosis in process of time is connected with an increase of the fibrous tissue, and a corresponding atrophy of nervous structure. This process most likely will gradually invade the brain, and what is now multiple-spinal will in time become multiple-cerebro-spinal sclerosis. When it does a new train of symptoms will develop, which we need not now discuss. The reason that I thus mention the probable future of the condition, is to call your attention to the fact that the arms are already slightly affected, and that, what I have not yet told you, there is an increasing feeling of numbness about the lips, and some little want of power there. In the tongue, too, there is a

Digitized by Google

certain failure of the power of motion and disorder of sensation. This looks as if the disease had already affected points in the neighborhood of the medulla, those affected in what is known as bulbar paralysis. To return, however, to our consideration of the spinal disorder. We know that the posterior columns are affected from the disorders of sensation—the slight impression produced by running a needle into the sole of the foot, the lack of susceptibility to the electro-muscular current—all these are evidence enough that the posterior column is affected, just as in tabes dorsalis or locomotor ataxia. Having seen cases of locomotor ataxia, the symptoms are not strange to you. When in addition to the impairment of sensation, the muscular force is also markedly impaired, we know that the disease has also affected the anterior columns. Here, however, the muscular power of the legs is not gone, for the patient, although he cannot walk, can kick with vigor. The fact that the strong current will not cause the muscles to move shows that the anterior column is also impaired. In ordinary locomotor ataxia the electro-muscular contractility is not impaired, or but very slightly. Here, however, this impairment is so marked that the muscles will not respond to any current, except to one which is slowly interrupted. In the absence of power and of electro-muscular contractility, we know that the anterior columns must be affected. It would lead me too far to revert to the origin of the disease. My belief is that the condition originally started in a slow form of congestion and infiltration, which led to the development of an excess of fibrous tissue and to atrophy. While in this connection let me also remark that in the slow, gradual beginning, and in the want of muscular atrophy, we find the distinction between this disease and polio-myelitis. There is no marked atrophy here. In polio-myelitis trophic changes take place. The treatment, as I have already told you, has consisted in the use of corrosive sublimate, which is the best alterative where structural changes exist, and which should be pushed until some effect is shown. It may be given for months at a time. At the same time electricity is being used as a muscular tonic, and the muscles are kneaded every day. We depend entirely upon the corrosive sublimate, however, to effect real improvement. Where the disease has not progressed so far as it seems to have done here, I have seen marked benefit follow its use. However, I doubt exceedingly whether it will do good here. Small doses of strychnia are given as a general tonic. The strychnia will not of itself have the effect which we expect from the bichloride. Iodide of potassium I shall hold in reserve. I prefer the bichloride to it. The primary electric current is employed here three times during the week. The continuous current does not afford, by any means, such good results as are obtained by the interrupted current.

Digitized by Google

Correspondence.

Relation of the Profession to the Medical Act.

MESSRS. EDITORS—We see from your comments on our letter in the February number that you have, to some extent, misinterpreted us. If our language admits of the construction you place on it, and your readers have drawn the same inferences that you have, in order to place ourself right upon the record, it is necessary that we make a brief explanation.

You seem to infer that we take the ground that the profession has no duty at all to perform in relation to the Medical Practice Act and the suppression of quackery in the state, which inference we very positively and plainly, though courteously, wish to correct. We start out with the assertion that the profession has duties in this matter to perform, the first of which, it seems to us, is so plain that it scarcely needs be mentioned—it should conform to the very letter of the law in all respects, so that it may be well understood that it is only charlatanism and quackery that seek to evade the law. Their second duty—scarcely less tangible—is to aid and assist the State Board of Health in the performance of their duty by cheerfully conforming to all the rules and edicts laid down and issued by that body, and by rendering to the board, when required, such information as will enable it to become well informed in regard to the exact status of every person practicing medicine, surgery and midwifery, in the State.

The third duty of the profession (but not the least one,) lies in the exercise of that genteel, honorable, noble conduct, that will bring it up to that point where it will be properly estimated and respected by the people, and whereby the people will be enabled to distinguish it from quackery in all its forms.

The fourth and last duty we shall mention is in relation to a more thorough, general, liberal education of the masses. The more thorough the education the better confidence in the sciences, the more practical the application of knowledge, and the less use of quackery among the people; therefore it is of the very greatest importance that the physician, for his own sake, the sake of his profession, and for the sake of the people and posterity, that he do everything in his power to promote the cause of liberal education among the people. These we conceive to be some of the duties incumbent on the medical profession, relative to the Medical Practice Act and the State Board of Health. But there are a great many duties to be performed that are *not incumbent* on the profession, and in our other letter we were endeavoring to make this point apparent, but it seems we failed, at least, partially. We are fully convinced that the less the profession have to do with the enforcement and execution of this law, the better they are off. Just set the profession

Digitized by Google

to work, filing complaints, hunting up testimony, employing lawyers and attending the courts to prosecute every quack that comes along, and how much time will we have to attend to the sick? Besides, an attempt on our part to perform this duty, which we claim belongs to others, only lowers the profession in the eyes of the people, and we are seen on the same plane in a hand to hand scuffle with quackery. It reminds us of the remarks of the woman when she beheld her husband in a scuffle with a bear: "Hurrah, husband! hurrah, bear!"

Quackery and charlatanism have taken such a deep root, and has got such a firm hold, among our people, that it will require the united efforts of all parties to get rid of it. Seeing the State Board of Health and the medical profession trying to root out quackery reminds us of two little terriers worrying a bull, and as we said before, as long as nobody else takes any interest in it, the law must remain a dead letter.

We might go on at considerable length, and dilate upon the duty of the courts, with their juries, their sheriffs, prosecuting attorneys, etc., which are all plainly enough laid down in the law; but they all shut their eyes to what is going on around them, and wait for the doctor to file a complaint, or ante up the fee, and then ten chances to one the party prosecuted will, with a few dollars, buy some of them off, and you are at the end of your row.

And we might explain the duties the people owe to themselves and the profession, but we could not reach them through a medical journal, and our effort would be the merest waste of ammunition; but we would like right here to impress it upon the profession to whom this may come, to use their every effort everywhere to enlighten the people on this, to them (the people), important subject. Let them know and feel that they are the ones who are being sinned against, and show them wherein lies their remedy. Whenever the people are educated to understand that science is their best friend, and that quackery is a bare-faced robbery, then, and not till then, will we be on the way to suppress it. Respectfully,

W. E. GILLILAND, M. D.

Removal of Retained Placenta.

In cases of early abortion, retention of the placenta is very common, and, if not removed, serious trouble may sometimes occur. Dr. Reiler, in the Pittsburg *Medical Journal*, recommends the following method of removal: He places the patient on the left side and introduces Sims' speculum. He then seizes the posterior lip of the os with a vulsellum forceps and brings it into view. He then separates the placental attachment with a curette, seizes the mass with a pair of toothed forceps, and, with rotation and gentle traction, withdraws it entire.—*Canada Lancet.*

Digitized by Google

Society Transactions.

American Medical Association.

The association held its thirty-second annual session at Richmond, Va., being called to order Tuesday, May 3, 1881, Dr. John T. Hodgen, of St. Louis, in the chair.

The meetings were largely attended, and a cordial feeling of goodfellowship seems to have prevailed throughout the entire session.

A large number of interesting papers were read in the various sections, which will, in due time, appear in print.

The principal items of business interest transacted by the association were the following. It was

Resolved, That the president be authorized to appoint a committee of five to digest and report in detail, as soon as practicable, upon the time and place and terms of the publication of a weekly journal as the organ of the association; to elect an editor, fix his salary, and to arrange all other necessary details.

On motion of Dr. Davis, so much of the resolution as related to the election of an editor was stricken out.

On motion of Dr. Toner, the Secretary and Treasurer were added to this committee. The reporting of a plan for publishing a journal is in the hands of the following members of this committee: Drs. Packard, N. S. Davis, Billings, R. Beverly, Cole, Sayre, Secretary Atkinson, and Treasurer Dunglinson.

Considerable debate followed the introduction of an amendment to the Code of Ethics, Art. I., Par. I., adding: "And hence it is considered derogatory to the interests of the public and honor of the profession for any physician or teacher to aid, in any way, the medical teachings or graduation of persons, knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine.

The following substitute for the original was offered by Dr. Billings, and was adopted:

It is not in accord with the interest of the public or the honor of the profession, that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with, the graduation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of Medicine.

The following amendment to the By-Laws was offered by Dr. J. M. Keller, of Arkansas, and was adopted:

In the election of officers and the appointment of committees by this Association and its President, they shall be confined to members and delegates present at the meeting, except in the Committee of Arrangements, Climatology and Credentials.

Digitized by Google

Dr. Dunster, of Michigan, offered the following resolution, which was adopted:

Resolved, That the spirit of the code forbids a physician from prescribing a remedy controlled by a patent, copyright or trademark. This, however, shall except a patent upon a process of manufacture or machinery, provided the patent be not used to prevent legitimate competition; and shall also except use of a trade mark used to designate a brand of manufacture, provided that the article so marked be accompanied by working formulæ duly sworn to, and also by a technical, scientific name, under which any one can compete in the manufacture of the same.

St. Paul, Minnesota, was selected as the next place of meeting.

The following nominations were made by the Committee on Nominations, and on motion, the report was unanimously adopted:

President, Dr. F. J. Woodward, U. S. A.

Vice-Presidents, Drs. P. O. Harper, Ark., L. Conner, Mich., E. Gressom, N. C. H. McGuine, Va.

Secretary, Dr. W. B. Atkinson, Pa.

Treasurer, Dr. R. J. Dunglinson, Pa.

Librarian, Dr. W. Lee, Washington, D. C.

Thirty-first Annual Meeting of the Illinois Medical Society.

FIRST DAY'S PROCEEDINGS.

The Illinois State Medical Society assembled in the Methodist Church Building May 17th, the occasion of the thirty-first annual meeting, which occupied three days. Nearly two hundred medical men were present, as also several lady practitioners. The morning session was called to order at 10:30 o'clock by Dr. George Wheeler Jones, of Danville, who called upon the Rev. Dr. Williamson to lead in prayer.

Dr. S. T. Jones, Chicago, acted as Secretary.

Dr. J. N. Hyde, Chairman of the Committee of Arrangements, reported the order of business, the roster of the standing committees, and the papers to be read. Letters of regret from a number of physicians were read.

An invitation from the Adams County Medical Society for the holding of the next convention at Quincy was read and referred.

The President submitted his annual address in a carefully prepared paper. In his correspondence throughout the State urging the importance of the Convention he had been met with frequent complaints that the Board of Health was not properly

Digitized by Google

attending to its duty in the matter of medical legislation, and there was much to discourage the conscientious practitioner, but he thought the Board of Health was making gradual progress. He alluded to the false views in every department of life, and asked that the medical profession strive to rise to a loftier standard of excellence. Their horizon was continually increasing. There was coming to be less and less of empiricism; theory was giving way to absolute knowledge. Every step of science was demonstrating the absolute supremacy of mind. Out of the errors of the past were developing the sharp outlines of order, by which the battle against disease, decay, and death was to be waged. The occupation of the alchemist was gone; base metal could not be converted into gold in any of the learned professions. All disease, he said, was a negative condition, a simple absence of health. Man's normal condition was health, but so complex was his structure that there was an inherent proneness to decay. The study of the physician was to antagonize the unfavorable conditions. All obscurities must be stripped away. Atomic gymnastics, whether of mind or body, count for nothing unless they are directed into proper channels.

Devotion to the profession was the only influence that would lead the profession to that Arcadia which the speaker so beautifully pictured. The paper concluded with a hearty welcome to the society.

The Convention then took a recess for dinner.

The President called the Convention to order at half-past two o'clock.

The Committee on Practical Medicine, through its Chairman, Dr. E. P. Cook, of Mendota, presented an elaborate report upon their work for the year. They were endeavoring to act as a scientific body and in a scientific manner. One hundred and thirty leading practitioners were addressed on the sanitary condition of the State, nearly all of whom replied. The past year had been a remarkable one for the prevalence of malarial diseases, although the mortality had not been great. Rubeola had prevailed in every section. Cerebro-spinal meningitis had been unusually prevalent, and attended with high mortality. Smallpox had been epidemic in many sections, but had been checked by vaccination. There had been several new diseases, of which winter cholera was especially noticeable. Trichiniasis had been assuming prominence. The paper thought that many diseases now simply known as contagious would be traced to parasitic forms of life. The Chicago water supply was touched upon, and its contamination by the city sewage condemned. It was thought the day was not far distant when there would be a radical change in the water supply. In some portions of the State diphtheria had assumed the most malignant form ever known, attended with alarming results. The papers pronounced diphtheria epidemic in Illinois, but the origin is obscure as yet.

Digitized by Google

The Illinois and Michigan Canal carrying the Chicago sewage was asserted to be a prolific factor in the source of these troubles. The Committee had made the inquiry as to the extent of the use of alcohol and of the practice of venisection, but with no unanimity of result. Some practitioners had never cut a vein, while others had drawn a gallon of blood from a patient.

Copies of the State Board of Health report were distributed, with the request that any errors therein be reported to the Board.

Dr. Charles T. Parkes, Chicago, Chairman of the Committee on Surgery, read a paper on the subject of wound-treatment. An interesting account was given of the preparation and utilization of the bones of fowls for draining tubes. The various methods of checking hemorrhage were described. The paper recommends the silkworm gut as a durable and non-irritable suture and ligature. Rest and ease of position were pronounced essential for surgical cases, and the greatest care must be taken to prevent blood poisoning. Antiseptic surgery was assuming the greatest importance, and it would be better for the profession if they would accept it as a fact rather than as a theory. The presence of micro-organisms in wounds was dwelt upon. Open air treatment and free drainage were thought calculated to arrest inflammation and septicæmia. A large number of cases were quoted showing the triumphs of modern surgery, especially in derangements of the nervous system. Dr. Parkes also read a brief paper by his colleague, Dr. D. S. Booth, of Sparta, describing a compound fracture of the tibia involving the ankle joint, where treatment had been unsuccessful, and asking for suggestions.

Another member of the committee, Dr. W. A. Byrd, of Quincy, supplemented the report with some informal remarks on tracheotomy and excision of nerves. The report of the Committee on Surgery was referred to the Committee on Publication.

The Committee on Obstetrics, through its Chairman, Dr. H. Webster Jones, of Chicago, submitted a paper tracing the steps that an intelligent accoucheur ought to take in bringing a woman through the different stages of childbirth, an operation in which accidents are comparatively rare, and for which provision was made for every emergency.

Dr. C. T. Reber, Shelbyville, of the same committee, followed with a few remarks.

Dr. De Laskie Miller expressed his pleasure at the report of the committee. He thought that parturition was only a simple process because of its hourly occurrence, and he pronounced the obstetrician the minister of Nature.

Dr. J. W. Dora, Mattoon, reported for the Committee on Gynecology. The science of diseases of women was pronounced one of the youngest of sciences. A false modesty had greatly

Digitized by Google

prevented the advance of gynecology, and the clinical advantages offered by the hospitals had been far short of what the importance of this branch of medical investigation demanded.

Dr. Ellen A. Ingersoll, Canton, of the same committee, read a paper on dysmennorrhea, and was warmly applauded.

Since all the essays were to be published in full in pamphlet form, their being read without abridgement, and thus unduly prolonging the session, had a rather depressing effect, not more than one-third of the delegates remaining to the close. It was not until half-past six that the society adjourned until nine o'clock the following morning.

The evening was occupied in visiting the hospitals and medical colleges.

SECOND DAY.

The second day's session of the Illinois State Medical Society opened with an attendance notably larger than that of the day before.

The Committee on Opthalmology and Otology, through its chairman, Dr. F. C. Hotz, of Chicago, submitted a report. Mention was made of the meritorious books on diseases of the eye and ear published last year. The report touched upon various discoveries in the treatment of sore eyes and ears, relating several cases of temporary blindness caused by taking too much quinine. Attention was called to a class of eye and ear diseases caused by malaria. The report gave the results of experiments made by aural surgeons with the audiphone, and described the process of removing chips of iron from the interior of the eye by means of a magnet.

Dr. C. T. Reber, Shelbyville, of the Committee on Obstetrics, read a short paper on the influence of sub-mucous fibroid tumors on gestation and parturition, describing some interesting cases that had come under his observation.

Dr. W. S. Caldwell, Freeport, of the same committee, read a paper on "Hemorrhage Attending Abortion." The speaker thought ergot of little value, and that in the cases where its use had been attended with success, it was only an accidental concomitant. Dr. Caldwell exhibited a uterine irrigator for arresting hemorrhage after abortion, and also read a brief paper by Dr. B. Crummer, of the Committee on Gynecology, on the use of forceps in removing the placenta.

A letter from Dr. S. L. Kerr, of El Paso, tendering his resignation as a member of the society, was read and referred to the Board of Censors.

Dr. F. Ingalls, Chicago, read a paper on "Laryngeal Tumors." It was only since 1867, when the laryngoscope came into use, that much definite knowledge had been acquired upon morbid growth in the larynx. The paper described in detail the symptoms and the various stages of growth, the speaker

Digitized by Google

illustrating the minute anatomy of the larynx with a chart. The tendency of these morbid growths is to increase in size. When they have grown to such a size as to cause aphonia, there is no hope for an improved condition except by being entirely removed. They usually interfere with deglutition, and sometimes they are so large as to cause death by choking. In mild cases mineral astringents or caustics will prove beneficial, but this treatment is secondary, and the only reliable recourse is to operative surgery. The paper recited several cases of chronic laryngitis, such as were likely to develop into morbid tumors.

Dr. Truesdale, Rock Island, was surprised that carbolic acid had been so little used in diseases of the larynx. He had found it almost a specific, and no other therapeutic agent could could compare with it as an antiphlogistic. He recommended the inhalation of a spray of 3 or 4 per cent. strength for acute or chronic laryngitis, acute or chronic bronchitis, and catarrhal inflammation.

Dr. W. J. Maynard, Chicago, of the Committee on Dermatology, presented a paper on "Ringworm of the Scalp," which he described as one of the diseases frequently met with in practice, and often erroneously diagnosed. In the later or chronic forms of eczema, sometimes called scaldhead, it is impossible to make a differential diagnosis unless the hairs be examined with a microscope, which will detect the parasitic fungi. An account of twenty-one cases occurring in an experience of 2,300 cases of skin-disease, was given. The treatment consisted in cutting the hair close to the scalp when the disease was scattering, and applying either glacial acetic acid, cantharides, iodine, chrysophanic acid, or milder preparations, such as sulphurous acid. In later stages the disease cannot be cured until the diseased hairs are depilated, in which great care should be taken. Cases occur where the hair will not come out from the follicles, owing to the brittleness of the hairs, which break off close to the scalp when attempt is made to pull them out. They can be then sloughed off by producing artificial inflammation. The pus produced is a parasiticide and is conducive to a permanent cure. The internal treatment should receive the additional benefit of good feeding and change of air.

A recess was then taken for dinner.

The convention reassembled promptly at 2 o'clock, Dr. J. H. Hollister, Chicago, opening with a paper on "Abnormal Thermal Conditions in Diseases and the Means of Controlling Them." The writer dealt with the methods by which animal heat is produced; the conservation of heat as the means of maintaining normal temperatures; the conditions in which extremes of temperatures are developed; the effects of extreme thermal condition upon the animal economy, and the means of preventing or of controlling excessive temperature.

Digitized by Google

Dr. F. J. Maxwell discussed "Intra-Capsular Fractures of the Neck of the Femur," and gave a synopsis of the teachings of modern surgery on this point. The speaker recommended longitudinal and lateral extensions. A number of cases were reported and the course of treatment which had proved successful described.

Dr. A. Reeves Jackson, Chicago, read a paper—"The Present Status of Specialism in Chicago,"—tracing the progress of medical art from the time when priest and physician were united in one person down to the present, when every department has its specialty. He thought the most prominent causes of specialism were the multiplicity of college professorships and the lack of opportunity of obtaining medical education. Accurate and practical knowledge had not always been insisted upon by the colleges, and it had not therefore been acquired. Graduates, feeling their lack of a wide and comprehensive acquaintance with the healing art, drop into a specialty, devoting all their energies to a single branch of practice. The colleges are not blind to this state of things, and therefore they provide special and post-graduate courses. The speaker thought that specialism properly directed is necessary, and advanced the best interests of the profession. It was impossible for one man to cover the whole range of medicine, and legitimate specialists were doing a grand work. The paper, however, handled without gloves the pseudo-specialists and medical charlatans who were thrusting their fraudulent pretentions upon the public. The paper repudiated the attacks that many practitioners were wont to make upon the gynecologist, and closed with an account of the obligations of the medical profession and the public generally to the specialist.

Dr. C. W. Earle, Chicago, read a paper on "The Prevalence of Epidemic Red Measles."

Dr. Roswell Park, Chicago, followed with an accompanying paper describing one hundred cases of "red measles" treated in this city.

The Secretary read a paper prepared by Dr. M. A. McClelland, Knoxville, on the "Legal Regulation of the Practice of Medicine." It was thought that certain legislation was necessary to prevent charlatanism, but, like politics and religion, people preferred to have their medicine without any outside interference, so that legislation was apt to prove abortive. Allusion was made to the crushing of the bogus medical colleges in Philadelphia which had flooded Europe and America with their worthless diplomas. The paper recommended that certain legislation be undertaken at this time.

Dr. H. Gradle, Chicago, read an essay on "The Infectiousness of Tuberculosis."

Dr. E. Ingalls read a paper on the "Use and Abuse of Alcohol," prepared by Dr. T. J. Curtis, of Otterville, supplement-

Digitized by Google

ing the same with some conclusions by himself. He considered it a stimulant rather than a sedative, and, unless used with the utmost care, a rank poison. To use and not abuse this powerful agent, it must be treated as any other poison, and not permitted to become the curse which excessive use proved it to be.

The list of officers and committees elected in accordance with the report of the Nominating Committee were as follows: President, Robert Boal, Peoria; Vice Presidents, A. T. Darrah, Tolono, Ellen A. Ingersoll, Canton; Treasurer, J. H. Hollister, Chicago; Secretary, W. A. Byrd, Quincy; Committee of Arrangements, Joseph Robbins, J. T. Wilson, F. Drude, J. A. Wagner, M. F. Bassett.

Standing Committees—Practical Medicine, W. O. Ensign, Rutland; John Wright, Clinton; H. T. Godfrey, Galena. Surgery, E. W. Lee, Chicago; D. W. Graham, Chicago; J. P. Matthews, Carlinville. Obstetrics, J. B. Davison, Moline; A. C. Carr, Carlinville; J. Y. Campbell, Paxton. Gynecology, E. W. Jenks, Chicago; G. W. Nesbitt, Sycamore; F. Cole, El Paso. Ophthalmology and Otology, A. E. Prince, Jacksonville; W. T. Montgomery, Chicago; C. Chenowith, Decatur. Drugs and Medicine, Joseph Robbins, Quincy; T. J. Pitner, Jacksonville. Necrology, E. Ingalls, Chicago; William Hill, Bloomington; W. West, Belleville.

Special Committees—Relation between Syphilitic and non-Syphilitic Lesions of the Skin, James Nevins Hyde, Chicago. Management of Diseases of Children, W. O. Mendenhall, Georgetown. Medical Legislation, M. A. McClelland, Knoxville; D. L. Booth, Sparta; William Hill, Bloomington; C. Truesdale, Rock Island; E. Ingalls, Chicago. Diseases of Nervous System, S. M. W. Paxton. Members of Judicial Council, C. Truesdale, Rock Island; C. Goodbrake, Clinton; A. K. Van Horn, Jerseyville.

The convention then adjourned until the following morning at nine o'clock.

THIRD DAY.

The State Medical Society concluded its deliberations Thursday, having been in session three days. The session opened at half-past 9 o'clock, with the usual large attendance. The first committee called was that on Necrology, which reported but one death during the year, Dr. Frank H. Davis, of Chicago. The paper gave a biographical sketch of the deceased, but, in the absence of the chairman of the committee, Dr. E. Ingals, was referred to the Committee on Publication without being read.

"Experiments with Chian Turpentine in Cancer" was the subject of an essay read by Dr. E. Andrews, of Chicago, who thought that the remedy was a most valuable one in the treatment of cancer. The genuine drug was extremely rare in the

Digitized by Google

American market, but there was an imitation that possessed equally good properties.

"The Permanent Removal of Hairs by Electrolysis" was treated by Dr. P. S. Hayes, of Chicago, who said that his paper would deal with the importance of the permanent removal of superfluous hairs, especially from the face of woman. Depilatories were apt to make the face sore, as well as increase the hair-growth. Galvanic electricity applied so as to produce electrolysis at the hair papillæ permanently destroyed the hair-cells. If morbid growths, like moles or hairy nævi, were present, they would be destroyed at the same time. The process was described in detail, and the paper summarized the most important advantages as follows:

The action of the current can be limited to a minute point; the destruction of tissue is directly proportional to the strength of the current; the operation can be arrested at any instant; the pain, which is most severe during the operation, entirely ceases when it is over; the hair papillæ are known to be destroyed.

Dr. Roswell Park, of Chicago, read a paper on the "Surgical Anatomy of the Sheaths of the Palmar Tendons." None of the English text-books on anatomy gave any adequate account of the sheaths of the tendons, and hence those who sought information were obliged to work it out for themselves. Dr. Park had during the winter made a number of careful dissections and injections, the results of which he carefully detailed. The subject was important in its surgical relations. Inflammation of these structures might lead to disastrous results. Inflammatory processes starting in the thumb might spread to the little finger, and vice versa, while the same trouble in either of the other fingers would probably be limited; or the trouble might extend up the forearm and arm, and even cause fatal results. Complete results were given for the surgical treatment of such cases, free incisions being the only safe course for the surgeon.

The Board of Censors, to whom had been referred the resignation of Dr. S. L. Kerr, of El Paso, recommended that the same be accepted, he being ineligible to membership. Considerable debate ensued as to the proper course to pursue, but the report was finally adopted.

"Listerism and Carbolic Acid" was discussed by Dr. C. Truesdale, of Rock Island. No antiseptic yet tried had answered the same purpose as carbolic acid; some of them were absolutely injurious when applied to wounds. The speaker thought carbolic acid possessed some peculiar physiological properties in addition to its antiseptism, and ventured the theory that it acts as a powerful local stimulus of the vaso-motor nerve fibres, causing contraction of the capillaries, preventing accumulation of blood, and diminishing the normal quantity; further theoriz-

Digitized by Google

ing that it hardens the blood-corpuscles, preventing any proliferation and producing a greater or less suspension of physiological action. The theory was based upon clinical facts which had come under his observation. Carbolic acid as a spray or wash was invaluable in treatment of all forms of inflammation of the mucous membrane. It had the combined properties of an antiseptic, an anæsthetic, and antiphlogistic. The greater the inflammation, the greater was the suppuration, and consequently the greater the quantity of septic poison. The effect of carbolic acid was varied by a wide range of circumstances, all of which should become factors in determining its use.

Dr. J. P. Johnson, of Peoria, followed the paper with some observations on the use of carbolic acid. He had watched its progress from its first introduction as an antiseptic. In his hospital practice he had satisfied himself that the solid carbolic acid was of the greatest value in producing granulation and checking sloughing. In opthalmic practice he had also used it extensively, and in the full strength. It caused no pain, prevented lachrymation, and produced the happiest results. The speaker mentioned several cases of ovariotomy where carbolic acid had been successfully used with not a single untoward symptom. The Listerian system he highly recommended. Another important use of carbolic acid was as a menstruum for preserving anatomical specimens, and for this purpose it was not excelled by alcohol.

The Committee on State Register, through its Chairman, Dr. E. P. Cook, of Mendota, reported verbally that the register prepared by the State Board of Health was now all that could be desired, and that there was no longer any need for the further existence of such committee.

The Chair announced that the discussion on the "Opening and Drainage of Cavities in the Lungs and Supra-Malleolar Osteotomy," to have been participated in by Drs. Fenger and Lee, would have to be passed, owing to the illness of Dr. Lee and the absence of Dr. Fenger from the city. It was afterwards ordered to be published.

Dr. J. H. Hollister, of Chicago, Treasurer of the society, offered his annual report. He had held the office for twenty years, and the society had never been so flourishing as now, this being the largest convention yet held. He desired to be now relieved from further burdens of office upon the expiration of his term. The report is summarized as follows:

Receipts—Balance last year, $413; receipts from dues, $613; total, $1,026. Expenditures—Stenographer, $91; publishing transactions, $369; sundry bills, $73; total, $533. Balance, $492.

Dr. Hollister offered the following resolution, which was unanimously adopted:

"That when any member of this Society shall have paid his annual dues for fifteen consecutive years, he shall thereafter

Digitized by Google

be termed a life member, and his name shall not be dropped for non-payment of dues; but he shall only be entitled to the Annual Transactions for those years for which he has paid the annual fee."

The Secretary read a telegram from the State Board of Health announcing that the bill to regulate medical practice had been introduced into the Legislature.

Dr. Johnson, of Peoria, offered resolutions thanking the local society, the press, and all who had assisted in making the convention such a marked success, and the same were unanimously adopted.

Dr. Cook moved the appointment of a committee, with Dr. N. S. Davis as chairman, to carry out the suggestions of the latter in regard to taking steps for pursuing certain branches of original investigation. The motion was carried, and $100 appropriated for the expenses of the committee. The chairman was to select his two colleagues, and the plan, when completed, was to be furnished to the members by mail within sixty days after adjournment.

The society then elected the following delegates to the convention of the American Medical Association, meeting at St. Paul in June, 1882:

Dr. J. H. Hollister, Chicago.
W. T. Kirk, Atlanta.
W. T. Montgomery, Chicago.
George Wheeler Jones, Danville.
E. P. Cook, Mendota.
A. Hart, Aurora.
Robert Boal, Peoria.
F. B. Haller, Vandalia.
C. C. Hunt, Dixon.
G. W. Nesbitt, Sycamore.
Sarah Hackett Stevenson, Chicago.
J. M. Cowen, Hennepin.
W. R. Shinn, Fielding.
William M. Call, Princeton.
Catherine B. Slater, Aurora.
J. Perrin Johnson, Peoria.
John R. Livingood, Rossville.
J. W. Whitmire, Metamora.
S. T. Hurst, Green View.
Ellen A. Ingersoll, Canton.
D. Lichty, Rochelle.
D. E. Foote, Belvidere.
D. S. Jenks, Plano.
B. G. Bogue, Chicago.
T. D. Washburn, Hillsboro.
C. Truesdale, Rock Island.
A. H. Kinnear, Metamora.
David Prince, Jacksonville.
E. W. Jenks, Chicago.
Washington West, Belleville.
H. P. Newman, Chicago.
D. S. Booth, Sparta.
W. H. Fitch, Rockford.
Thomas Galt, Rock Island.
W. L. Ransom, Roscoe.
J. W. Dora, Mattoon.

At 1 o'clock the society adjourned, to meet at Quincy in May, 1882.

Annual Meeting of the Military Tract Medical Association.

The association met in the council chamber, Galesburg, at 10 o'clock A. M, May 10, with twenty members in attendance; Dr. Herbert Judd in the chair, and Dr. B. S. Peck secretary.

The minutes of the preceding meeting at Galva were read and approved. The Board of Censors—Drs. H. S. Hurd, Galesburg, M. Reece, Abingdon, A. L. Craig, Aledo—reported the following applicants for membership: Edward L. Emerson, of

Digitized by Google

New Windsor, Thomas Temple, of Cameron, Willar G. Persoll, of Hermon, and R. F. Henry, of Galesburg. They were admitted by a unanimous vote.

The annual election of officers next took place, resulting as follows: President, Dr. A. Babcock, of Galva; Vice Presidents, Drs. M. Reece, of Abingdon, and J. W. Hensley, of Yates City; Secretary and Treasurer, B. S. Peck, of Galva.

The case of C. A. Cooper, a member of the association, who was accused of irregular practices, and unprofessional conduct, in violation of the code of ethics, was referred to the Board of Censors. They made a report and recommended his immediate expulsion from the society, which action was sustained by all the members present. The following is the report: "Complaint having been made in writing of the unprofessional actions of one of the members of this association, Charles A. Cooper, the Board of Censors would respectfully report that, in view of his glaring departure from the code of ethics governing the Military Tract Medical Association, in advertising by hand-bills and in newspapers, in a prominent way, and imitating the manner of quackery by claiming greater skill than is possessed by any medical man, in the treatment of a long catalogue of diseases, we therefore recommend his immediate expulsion from this society. Signed—H. S. Hurd, A. L. Craig, M. Reece."

It was ordered that this report be published in some of the local papers, and that a copy be sent to the President of the State Board of Health.

The report of the Treasurer was presented and accepted.

The regular and miscellaneous business having been transacted, the programme for the meeting was taken up in order.

On "The Practice of Medicine"—Dr. Persoll reported on an obscure case of uterine disease, and asked the opinion of the members as to his diagnosis and treatment. H. S. Hurd responded.

The Committee on Surgery was called upon for their report.

M. Reece read a paper, subject, empyema, which was illustrated by a number of cases in his own practice. In all the cases, he had performed the operation of aspiration, resulting in the withdrawal of large quantities of fluid, and improvement of symptoms.

G. D. Corcoran reported on lithotomy and lithotrity in an interesting paper. He discussed the question as to the best modes of operating. Children under puberty are generally operated upon by lithotomy, as the urethra is small, and the mucous membrane very sensitive. Lithotomy in advanced age is often fatal, but in middle life, and under favorable circumstances, the operation is generally successful.

These reports were accepted with a vote of thanks, and ordered referred to the publication committee.

Digitized by Google

Drs. Welch, Corcoran, Reece, and others, discussed the questions presented by the committee.

H. C. Hopper also favored the association with a valuable report on chemical and microscopic urinalysis, showing its importance in many diseases. He exhibited a curious specimen of urinary calculus. A. L. Craig presented a little girl about six years of age, afflicted with complete aphonia or loss of voice. She had accidentally swallowed a small gold ring, and in his opinion it was lodged in the larynx, upon or near the vocal chords. The members had an opportunity of making personal examination, and coincided in his view.

J. A. Mitchell, of the Committee on Materia Medica, reported on the use of strychnine in large doses. He himself was the subject of experiment. He took half a grain, and as soon as the effect of the drug was perceptible, immediately used the antidotes, morphia and the inhalation of chloroform. There was no rigidity of the muscles in his case, from such a dose, after the antidotes were used freely and promptly.

J. W. Hensley read a paper, subject, "Confusion Worse Confounded." He treated on the adulteration of food and medicines, condemning the numerous preparations thrown upon the market. The less we complicate our treatment with the mass of new medicines the better. He advised physicians to stand by the old and reliable medicines, and discard all new preparations until they were proven to be of therapeutic value. This was an interesting and important paper, and was referred for publication.

L. S. Lambert presented three patients before the association. One of choroidits disseminata, and two cases of entropion, one of the latter had a complication of staphyloma. He explained fully the operations he intended to make for the relief of these affections.

The Committee on Necrology was called, and B. S. Peck presented a memorial sketch of the life of the late Dr. A. D. Babcock, of Galva, a former member of this association.

A resolution was introduced and adopted that the association adjourn to meet in Galva the second Tuesday (8th) in November next.

This meeting was a good one, well organized and participated in freely and fully by all present, and a desire was expressed by many that our next semi-annual session should show a large representation of the physicians of the district.

B. S. PECK, Secretary.

The Central Illinois Medical Society.

This society met at Champaign, May 24th, 1881. In the absence of the President, the Vice-President, J. H. Gardiner, M. D. of Farmer City, presided.

Digitized by Google

Dr. A. H. Scott, of the Committee on Practice, read an interesting article an "Pneumonia," the discussion being pro and con on the essential character of fever.

Dr. S. H. Birney, Chairman of the Committee on Surgery, reported on "Strangulated Hernia" and on "Amputation of Gangrenous Limb, the Result of Clot in Blood Vessels." A warm theoretical discussion followed on the formation of heart clots.

Dr. J. Little read an instructive lecture on "Surgical Anatomy."

Dr. A. J. Barnes read an able and exhaustive report on "Suicide, not always an Evidence of Insanity."

Dr. O. F. Smith reported ably on "Diphtheria." Dr. Pollock advised the use in diphtheria of bi-iodide of mercury, one part, sugar of milk, ten parts, applied locally three times daily, administering potassa bromide internally.

Dr. C. T. Orner reported on "State Medicine," a theme at present interesting the members of this society.

The following officers were elected for the ensuing year:

President—W. G. Cochran, M. D., Farmer City.

Vice-President—M. Cassingham, M. D., Champaign.

Permanent Secretary—C. T. Orner, M. D., Saybrook.

Treasurer—Wm. Hill. M. D., Bloomington.

Censors—Drs. S. H. Birney, C. F. Smith, and A. H. Scott.

The following Special Committees were ordered to report at the next meeting in Clinton, November 2, 1881:

Surgical Anatomy—Dr. J. Little.

Medical and Surgical Electricity—Dr. A. J. Barnes.

Syphilis—Dr. J. L. White.

Rœtheln—Dr. J. T. Pearman.

Cerebro Spinal Meningitis—Dr. G. W. Allen.

A public address on State Medicine is to be delivered in the evening by the Secretary, Dr. C. T. Orner.

The meeting has been one of unusual interest to the profession, the society being, next to the State Society, the largest in Illinois. The character of the reports have been an exhibit of high professional attainments.

Adams County Medical Society.

The annual meeting of the Adams County Medical Society was held in Quincy, May —. The following officers were elected:

President—Dr. F. Drude.

First Vice-President—Dr. R. Williams; Second Vice-President—Dr. L. H. A. Nickerson.

Treasurer—Dr. M. F. Bassett.

Secretary—Dr. E. B. Montgomery.

Digitized by Google

Censors—Drs. Joseph Robbins, W. A. Byrd and G. W. Cox.

Dr. L. H. Cohen read a memorial of the late Dr. Edward G. Castle, which was ordered spread upon the records of the society.

On motion the Illinois State Medical Society was invited to hold the annual meeting in May, 1882, in the above city.

The society then adjourned.

Woodford County Medical Association.

The Woodford County Medical Asciation held its annual session on Tuesday, May 3, at the office of Dr. F. Cole in El Paso, and was called to order at half-past ten o'clock, A. M. by the President, Dr. Charles T. Lichtenberger, of Eureka.

The minutes of the previous meeting were read and approved.

Dr. James S. Whitmire, of Metamora, offered a resolution that this association, in consideration of the recent aasassination of H. W. Bullock upon the streets of El Paso, adjourn out of respect to his memory, after the actual routine business is done.

The resolution was unanimously adopted.

The election of officers for the ensuing year resulted as follows:

President—Enoch Blanchard, Minonk.

Vice-President—J. W. Huffman, Roanoke.

Secretary and Treasurer—Frederick Cole, El Paso.

The President appointed the following Delegates to the American Medical Association:

Dr. Wm. O. Ensign, Rutland, and Dr. John G. Zeller, Spring Bay.

The name of H. C. Hubbard, of Normal, was proposed for membership, and referred to the Board of Censors, who reported favorably, and on motion he was duly elected a member of the association.

Dr. T. M. McIlvaine, editor of the PEORIA MEDICAL MONTHLY, being present, was on motion elected an honorary member of the association.

On motion, adjourned to meet in El Paso on the first Tuesday in May, 1882.

FREDERICK COLE, M. D., *Secretary.*

EVERY reader is requested to read advertising pages 33 and 41 of this number.

Digitized by Google

Periscope.

Copavia in Sciatica.

Dr. H. C. Marsh writes to the London *Medical Times and Gazette* of copavia:

I wish to speak of this drug as wonderfully efficacious in sciatica. The treatment of sciatica seems to be a little indefinite. I fancy we all meet with very numerous instances in which we administer a variety of drugs with a perseverence that deserves, but does not always command, success. (After describing a most obstinate case he stated) at last I prescribed .

℞	Bals. copaib.,	4 ounces.
	Tr. lavand.,	4 drachms.
	Tr. hyos.,	3 drachms.
	Pot. bicarb.,	1 drachm.
	Mucilag.,	1 ounce.
	Aqua,	6 ounces.

A tablespoonful every four hours.

On the 26th the pain was almost gone, and she was radiant with smiles; but she rebuked me, with some show of reason, for not having given her this marvelous medicine at the outset.

I naturally looked upon this recovery as a mere coincidence —a happy chance; and the affair passed from my mind.

Nine months afterwards, on December 31st, 1878, I was called in the night to see Mrs. J., who had been in bed a week with sciatica of left leg. The pain was so severe that I administered hypodermic morphia at once. She was a tall, thin, temperate—indeed rather abstemious—woman, with perhaps a tendency to neuralgia. Her family are a little consumptive. I could not suspect her of the shadow of an intrigue. She had a grown-up family and a model husband; she was over fifty years of age. Her secretions were natural, and she seemed free from disease. I gave her the muriate of amonia. On January 2d she was no better, and I prescribed full doses of bromide with colchicum, but refused her entreaty to repeat the morphia. No better on the 4th; so she then had belladonna and phosphorus. On the 7th, as the pain was growing more severe, she took syrup of the iodide of iron with phosphorus; and had a liniment of belladonna, aconite and veratria. On the 12th her sufferings were worse than ever. All the night through she had lifted up her voice and wept. The relatives gathered round me with upbraiding faces. One may manage a patient, even if she refuses to improve; but the patient's friends have one at a disadvantage. I was obliged to see her twice during the day, and each time considered it prudent to administer hypodermic morphia. On the 13th she was just the same, when—happy thought!—I suddenly remembered the former case, and prescribed the copavia mixture. The next day the pain was nearly gone, and on the 20th she was quite well.

Digitized by Google

Therapeutic Notes.

QUEBRACHO.

This drug has for some time been used in Bellevue Hospital, and from a late report on its use in the *Chicago Medical Review*, it seems to have considerable efficacy in relieving dyspnœa. The cases most relieved seem to be of an asthmatic origin.

It is used in the form of an alcoholic fluid extract in doses of from 20 minims to 1 drachm.

The dyspnœa from nephritis aneurism of the aorta, and heart disease, emphysema, and chronic bronchitis is reported as having yielded nicely to this remedy.

SPRAINS AND CONTUSIONS.

In the *Nashville Journal of Medicine and Surgery*, Dr. Smith, of Austin, Texas, advises the application of moist heat and the use of the following liniment:

℞ Hydrate Chloral.
Iodide Ammonium, aa. 2 drachms.
Fl. Ex. Aconite
Oil Spike.
Oil Peppermint, aa. 2 drachms.
Fl. Ex. Capsicum, 1 drachm.
Hoffman's anodyne to make 4 ounces.

Sig. Moisten a thin cloth with the liniment, spread it over the painful parts and cover closely. He uses this linament after the hot water dressings have been applied some time.

CONCENTRATED SOLUTION OF QUININE.

This formula for a concentrated solution is given by S. W. Reynolds in the *American Journal of Pharmacy:*

℞ Quinia sulphas 480 grains.
Acid sulphur. dil. 6 to 8 drachms.
Glycerinæ 6 drachms.
Aquæ distil. ad. 6 ounces.
Misce. sec. art. and filter.

Prepare without heating and find the 6 drachms of dilut. acid sufficient in warm weather, but in winter the larger quantity is required to maintain the solution. If there is any crystallization in cold weather, it is very readily redissolved by warming. Each fluid drachm of this contains exactly 10 grains of quinine.—*Medical and Surgical Reporter.*

VELPEAU'S DIARRHŒA MIXTURE.

℞ Tr. opii 1 ounce.
Tr. rhei 1 ounce.
Tr. menth. pip. 10 drachms.
Tr. capsicum 5 drachms.
M. Sig. One half drachm pro re nata.—*Mississippi Valley Med. Monthly.*

IODOFORM AS A VERMIFUGE.

Dr. F. L. Sim gives his experience with iodoform as a vermifuge in the *Mississippi Valley Medical Monthly* for May, 1881. He will not attempt to say how it acts, but thinks it probable that it is due to the odor of the drug and "stinks him out." He gives a rectal suppository of cocoa butter containing, 5 to 7 grains of the iodoform, at bed time, and gives by the mouth one grain three times a day. His success has been flattering, and it is certainly worthy of trial after the more common remedies fail, as they often do.

CHOLERA INFANTUM.

℞ Argenti nitrat. 1 grain.
Acid nitric dil. 8 minims.
Tr. opii deod. 8 minims.
Mucil. acac. ½ ounce.
Syr. simplicis ½ ounce.
Aquæ cinnamoni 1 ounce. M.

Sig. A teaspoonful every three, four or six hour to a child one year old.—*Bartholow.*

TREATMENT OF CEREBRAL HEMORRHAGE BY SUB-CUTANEOUS INJECTIONS OF ERGOTINE.

Dr. Foster, encouraged by the success attending the use of ergot in general hemorrhage, employed it in three cases of apoplexy with the result of dissipating the coma, rendering deglutition possible and gradually restoring to the normal condition. *A priori* we would naturally consider ergot an efficient remedy in these cases of cerebral hemorrhage.—*Journal Medico-chirurgical de Pesth.*

SORE NIPPLES.

℞ Aquæ rosæ,
Glycerine, 2 ounces.
Acidi tannici 2 drachms.
Ft. lotion.

Sig. Soak lint in this solution and apply to nipples.—*Dr. Barker.*

If the ulcerative process has commenced it is advisable to stop nursing and paint the nipple with a solution of nitrate of silver, 10 grs. to the oz. of distilled water.

A STIMULATING EXPECTORANT.

℞ Am. carbonat, 5 grains
Tinct. nux vom., 10 minims.
Tinct. scillæ, 4 drachms.
Inf. serpentar, 10 ounces.
M. Sig.—Three times a day.

Fothergill.

Digitized by Google

Book Notices.

The Compend of Anatomy. For use in the Dissecting Room and in preparing for Examinations. By JOHN B. ROBERTS, A. M., M. D., Lecturer on Anatomy, etc., etc. Philadelphia: C. C. Roberts & Co., 1881. Cloth; pp. 191.

Conciseness is one of the leading features of the little book before us, and as a handbook for review and use in dissecting it has much to commend it. The arrangement of the subjects is natural and easy, and we think the ideas of the author in anglicizing the latin terms are in the main correct. It will of course be of no service to a student just beginning anatomy, but to one more advanced, or to the practitioner who wishes to hastily review the subject, it will undoubtedly be of service.

Minor Surgical Gynecology. A manual of uterine diagnosis and the lesser technicalities of gynecological practice for the use of the advanced student and general practitioner. By PAUL F. MUNDE, M. D., Professor of Gynecology in Dartmouth Medical College, etc., etc., with three hundred illustrations; pp. 380. W. Wood & Co., New York.

We regard this book as one of the very best that has appeared in Wood's Library, and that is saying a good deal. Numerous as are the works on the subject of gynecology, most of them shoot over the heads of the general practitioner. By this we mean that they are not definite and precise enough; detail is too much neglected for theory, and descriptions of difficult operations. The general practitioner nowadays has to give considerable attention to this branch, or else he enjoys the pleasure of seeing his lady patients go into the hands of a brother physician. To one who has not enjoyed the advantages of clinics during the past few years, or since gynecology has been so advanced, this book of Dr. Munde will be a perfect godsend. It not only tells him how to make examinations in the best manner, but it describes the various instruments, points out the merits and demerits of each, and thus enables the reader to judge for himself just what will best suit his case. In the part of the book devoted to surgical procedures the same definiteness is used, and all the little, but often-times very important details of the more frequent operations are given. No one who has this book would part with it for the price of the entire set, at least such are our own feelings about it.

Treatise on Therapeutics. Translated by D. F. LINCOLN, M. D., from the French of A. Trousseau and H. Pidoux. Ninth edition. Revised and enlarged. Three volumes. W. Wood & Co., New York. Vols. V, VII and VIII of Wood's Library for 1880.

This work is now placed among the classics of medicine, and needs no further notice than to call the attention of those wishing it, to the elegant and cheap form in which Wood & Co. have put it within the reach of all.

Digitized by Google

Hand-Book of Chemical Physiology and Pathology, with lectures upon Normal and Abnormal Urine. By Victor C. Vaughan, M. D., Ph. D., Lecturer on Medical Chemistry in the University of Michigan, etc., etc. Third edition, revised and enlarged; pp. 351, with 31 pages of plates and illustrations, Ann Arbor Printing and Publishing Company, Publishers, Ann Arbor, Mich. 1880.

The title of this work, as given above, gives a very good idea of the scope of the author's plans. It is in every sense a hand-book. Concise and distinct—nothing of value omitted—yet not overloaded with details of technical manipulations. For the general practitioner who wishes to revive his acquaintanceship with this fascinating and highly useful branch of the science, we know of none better. The part devoted to the urine is especially interesting and complete. The only thing that seems open to criticism is the manner in which the work is divided, there being really no chapters in the book, only headlines to paragraphs. The index might, profitably, be enlarged and extended.

A Treatise on Albuminuria. By W. Howship Dickinson, M. D., Contab., Fellow of the Royal College of Physicians, etc., etc. Second edition; pp. 300. New York: W. Wood & Co., 1881.

This is the first volume of Wood's Library for 1881, and we cannot let pass the opportunity of noticing the improvements which the publishers have made since this great work was instituted. The style of the binding is very much improved, and the quality of the paper infinitely better. This work of Dr. Dickinson's worthily begins the new series. Recognized as high authority upon the subject of which it treats, here we have it in an elegant and cheap form exactly as it was first published in England. Comparing the colored plates with those of the original edition (at $6.00), we cannot detect the slightest difference between them. A few years ago, the idea that such a medical work could be published at $1.25, would have excited general ridicule. Wood & Co. have demonstrated the possibility of such a thing, and to them belongs the praise.

Report on Trichinæ and Trichinosis. Prepared, under direction of the Supervising Surgeon-General, by W. C. W. Glazier, M. D., Assistant Surgeon Marine Hospital Service: pp. 212. Washington, D. C.: Government Printing Office, 1881.

In July, 1879, the Surgeon-General directed Dr. Glazier to investigate this subject and report, and this volume contains his investigations. The author states that but little of his paper is original, but it will be found to contain about all that is known at the present time upon the subject. It is well arranged, and is quite interesting.

EVERY reader is requested to read advertising pages 33 and 41 of this number.

Digitized by Google

THE PEORIA MEDICAL MONTHLY.

EDITORS:

DR. J. MURPHY, DR. J. L. HAMILTON, DR. H. STEELE.

THOS. M. McILVAINE, A. M., M. D.,

Managing Editor and Publisher,

204 South-Jefferson Street, - - - - PEORIA, ILL.

*** All exchanges, books for review, and communications must be addressed to the Managing Editor and Publisher.

Editorial Department.

Dr. Robert Boal.

With sincere pleasure we learned of the election of our fellow citizen and colleague to the presidency of the State Medical Society. It is an honor worthily conferred, and one which gives unfeigned satisfaction to the entire profession of this city and surrounding counties. Dr. Boal is one of the two surviving members of that meeting held in the old state house at Springfield, in 1850, out of which grew the present state society. We believe the following names comprise those who were present and took any part in the proceedings:

Drs. Blainey and Herrick, of Chicago; Paddock, of Bureau County; Samuel Thompson, of Albion; Rouse, Cooper, and McNeil, of Peoria; L. G. Thompson and Boal, of Lacon; Helm, Henry and Merriman, of Springfield. Of these, so far as known to us, only Drs. Boal and Thompson, of Lacon, survive.

A short sketch of the new President will undoubtedly be of interest to all members of the state society.

Robert Boal was born in Dauphin County, Pennsylvania, November 15, 1806. He received his literary education at the Cincinnati College, and his medical career dates from March, 1828, at which time he graduated from the Medical College of Ohio, at Cincinnati.

After graduation he practiced at Reading, Ohio, for six years. Then he removed to Cincinnati, where for two years he

Digitized by Google

practiced, as well as did some work as instructor in his alma mater. In 1836 Dr. B. came west, and settled at Columbia (afterwards called Lacon), Illinois, a small town thirty miles above Peoria, on the river, where he resided for twenty-seven years. In 1863 he was appointed surgeon of the Board of Enrollment, with headquarters at Peoria. At the end of his term of service in 1865, he removed his family to this place, since which time this city has been his home. Here he soon attained a large practice, which he still holds and attends to with the vim and vigor of a man of fifty.

In 1857 Governor Bissell appointed him one of the directors of the intitute for the education of the deaf and dumb, which position he held for seventeen years. During the last four years of his service he was president of the board.

Dr. B. served four years in the State Senate, representing the counties of Putnam, Marshall, Woodford and Tazewell. He afterwards occupied a seat in the House of Representativees for two terms.

Ovariotomy.

On Monday, May 16, we had the pleasure of witnessing an operation for an ovarian tumor by Dr. J. L. Hamilton, of this city. Operations of this kind are now so frequent that they have lost the interest which they once possessed. The only point of interest in this case was its slow growth (the patient having been troubled for over five years), and the remarkably rapid recovery made. To-day (thirteen days after) the wound is all healed, and the patient is sitting up. The operation was made strictly in accord with the Listerian system, and was completed in twenty-five minutes. Not a single untoward symptom followed the operation. We do not think the Wells trocar at all indispensable to success in these operations, at least in the majority of them. In the last three operations which we have witnessed the trocar has not worked satisfactorily, and was promptly laid aside, the cysts being evacuated by a large incision and bringing the edges close to the abdominal wound, then scooping the fluid out by the hand. Little or none escapes into the peritonial cavity, and we think the operation is much shortened by this procedure. There is one other point of interest in the fact that there was no nausea or vomiting at any time, either

Digitized by Google

during or following the administration of the ether. The evening before the operation the patient took fifteen grains of potas. bromide, and as soon as she was removed from the table to her bed, she was given a rectal injection of twenty grains chloral hydrate. No further anodyne was necessary at any time.

A Request.

A brother practitioner wishes some of our readers to give him a remedy for those common but very annoying little things known as "'rag-nails." He has tried all methods of treating the nails known to him, keeping the overlapping skin closely trimmed, also letting it grow out, and in every way imaginable, but to no good. This seems like a little thing, but many are troubled therewith, and a sure cure would be thankfully read by many. We hope those of our readers who know anything about this condition will not think it beneath their dignity to help our friend.

Societies.

Considerable space is given in this number to reports of Medical Societies. We have given such abstracts of proceedings as will be of most general interest. Not only do the large societies (American, State, etc.,) show a large and increasing attendance, but the district and county associations seem to have taken on a new lease of life, and show a corresponding increase of activity and interest.

PLEASE notice "A Word with Our Readers" on advertising page 33, and "Special Inducements to Subscribers," on advertising page 41. You will perceive the special inducements offered apply to renewals as well as to new subscribers, and we are happy to state that many have availed themselves of the chance to get this journal at a very low price. Our list of subscribers is increasing daily, and the renewals are coming in equally fast. We hope all who know their time has expired will give it their attention. We do not believe that a single subscriber will fail to renew, at least we have not heard from any as yet.

The astute members of the Peoria Board of Health (there is another word beginning with the same letters which would much better be applied to some of its members, but we refrain from using it), recently tabled a communication from the

Digitized by Google

Peoria City Medical Society requesting the discontinuance of placarding houses in which are cases of scarlet fever. The petition contained many good reasons for believing that these scarlet signs do more harm than good, and was fully endorsed by the society. The lay members of the Board, however, thought they knew more upon the subject than the medical profession, and promptly refused to act upon it.

A Family Squabble.

We note in a daily paper that the faculty of the Detroit Medical College are having trouble among themselves. Acting on the recommendation of President McGraw, the Board of Trustees appointed Dr. E. Smith to a chair in the adjunct faculty. A number of professors, including Drs. Noyes, Connor and Gilbert, Duffield Lyons and some others, objected to Dr. S. on the grounds that a few years ago he advertised himself as an oculist and aurist, and handed in their resignations. We suppose another will be added to the already too long list of medical colleges, and that the old college will fill up the vacant chairs and go on as usual.

Items.

During Prof. Gunn's absence in Europe, Drs. Parkes and Owens have charge of his celebrated Saturday clinics.

Notwithstanding the repeated assertions by the Chicago medical, as well as the daily, press, that the smallpox in that city was fully in hand, and would soon be exterminated, we continue to note the daily report of from three to ten new cases, and that the pest house is still as full as ever, over forty patients being there at the present time.

The enterprising publishers of the two medical journals in Richmond each issued a daily, during the session of the American Medical Association, in that city. The *Southern Clinic* daily was distributed free, while that of the *Virginia Medical Monthly* cost forty cents for the four numbers. To judge from the amount of advertising patronage received by each, the ventures must have been financially successful. No better report of the proceedings could be desired than that published by Bro. Edwards.

Saturday, May 28, a person by the name of Griscom began a fast of fifty days in Chicago. A daily paper says the fast is to be superintended by Drs. Harrison, Lyman, Haines, Danforth, Curtis, Jay, Reading, and others, who will have constant medical supervision over the faster. What good can be accomplished by this foolhardy feat we confess not to be able to see, and we are surprised that some of the gentlemen whose names are mentioned should be willing to aid and abet what to the world at large appears as the freak of a lunatic.

Digitized by Google

Some Things that may Interest You.

UNDER the title of an "Offer Extraordinary," Allaire, Woodward & Co., of Peoria, Ill., have issued a circular to chemists and druggists, offering three prizes of $100, $60 and $40, respectively, in the shape of microscopes, for the three best essays on the subject of powdered drugs in the American market. Some of the conditions are as follows (any one interested can read the full particulars on the last page of cover): The subjects will be limited to rhubarb, ipecac, opium, cinchona bark, jalap, gamboge, aloes soc., ex. of licorice, and each writer will be allowed only one subject, of which he must examine at least six samples, each obtained from a different source. Samples must be taken from bulk stock. Examinations may be made chemically, pharmaceutically or microscopically, or by all three combined. Names of manufacturers must not be given in the essay. This is a good thing, and we hope responses will be made in large numbers, as it is a matter that not only interests the pharmacist, but also, and even to a greater extent, the physician. It is claimed (and, we believe, with truth) that in no class of drugs is adulteration carried so far as in powders. Information gained in this way will be valuable, and place the question, either *pro* or *con*, beyond doubt. The time for the essays to be handed in is placed at November 1, 1881. It is claimed that the quality of powdered goods sold in the South and West is much inferior to that sold in the North and East. Whether this be true or not this experiment will ascertain. We cannot see how this can be looked upon as an advertising scheme on the part of the originators, and we do not believe that it is so intended, but rather a desire to obtain information not obtainable in any other way.

THE advantages possessed by Oak Lawn Retreat, as a quiet home for the sick in mind, cannot be surpassed by any similar institution in the country. Our views upon the proper treatment for the insane were plainly set forth in a previous editorial, and we have as yet seen no reason for changing them. Quiet, only to be obtained when the number of patients is limited, small buildings which have a home-like air, large grounds with all possible freedom of action, and the careful daily and hourly inspection of a kind and competent physician—these we deem essentials in treatment, and these we know are among the advantages of Oak Lawn Retreat. Read the advertisement on page 51.

WHY do physicians and others in Central Illinois, wishing analysis made, send off to Chicago and St. Louis, while there is a competent and skillful chemist near at hand? It is probably because they do not know that Mr. F. C. Bourscheidt does such work. If this is the case, note his advertisement on page 56, and, the next time you know of such work being needed, advise your friends to correspond with him.

WE call the attention of those interested to the advertisement of Dr. A. E. Foote. We have received his catalogue of Minerals, and find it almost a hand book on the subject. No finer specimens or cheaper prices have ever been offered. Notice his advertisement on page 50.

THOSE who have once used Absorbent Cotton in dressing wounds, burns, etc. find it so superior to all others that they will use no other. Ordinary raw cotton repells rather than absorbs moisture, but the absorbent takes it up like a sponge, thus keeping wounds clean by absorbing from them all discharges, etc. Notice Hance Bros. & White's card on third page of the cover.

Digitized by Google

THE PEORIA

MEDICAL MONTHLY.

VOL. II.——JULY, 1881.——No. 3.

Original Communications.

ART. I.—Colles' Fracture. By J. MURPHY, M. D., Peoria, Ill.

Although as old as humanity, the older surgeons do not appear to have had any correct apprehension of the true character, disastrous consequences, or proper treatment of this fracture. We look in vain in the annals of surgery up to a comparatively recent period for any positive evidence that surgical writers appreciated its extreme importance, or exhibited a proper knowledge of the great difficulty attending its successful treatment. Even in comparatively recent times the literature of this fracture shows how imperfectly its salient points have been understood, and how marvelously its disastrous effects have been underrated by the profession. The crude and imperfect views entertained with reference to it by even modern surgeons, is one of the most singular facts in surgical history, and as instructive as it is singular. Liston's ideas with reference to the fracture were very indefinite, as were those of Ferguson and Velpeau, at least until a late period in their professional lives. A similar remark will apply to the illustrious American surgeon, who edited Velpeáu's great work. M. Sedilott, the distinguished Strasbourg surgeon, in his *Resume General de la Clinique Chirurgicale*, published in 1842, remarks, that "in most cases the displacements caused by fractures of the inferior extremity of the radius are scarcely perceptible, and that rest, immobility and resolvents during the first days, and afterwards the starched bandage gently (lachement) embracing the forearm, wrist and palm of the hand, but sufficiently thick (epais) and resistant to

Digitized by Google

insure the immobility and proper direction of those parts, constitutes the easiest and at the same time the most certain treatment for effecting consolidation, preventing engorgement of the wrist, and promoting a prompt restoration of the motion of the part." This may be considered as a fair and unprejudiced specimen of the authoritative opinion of the surgical profession on this subject, even at that comparatively recent period; and must strike the modern surgeon as a most remarkable and almost incredible illustration of the extraordinarily defective ideas which so distinguished an authority must have entertained, respecting a subject of such engrossing importance and with such conspicuous and characteristic symptoms.

Even at the present time, when so many eminent surgeons have dedicated so much attention to this fracture, and discussed its every phase with so much apparent elaborate diligence, there is still such a diversity of views in relation to almost everything connected with it, that the general practitioner is too often obliged to take refuge in his own observations of such cases and their results, profiting if he can by the views of surgical authorities, but not permitting himself to become confused or deluded by the diversity of sentiment on the subject, which unfortunately exists among those authorities. The permanent deformity, and too often permanent disability, which so often follow this fracture, render it one of almost infinite importance to both the sufferer and the surgeon; to the one from having so important and almost indispensable an organ as the hand permanently crippled, and to the other from the injury to professional character which the conspicuousness of such cases entails, and the unfavorable criticisms to which they invariably give rise.

All these considerations and numerous others which I might adduce lead us to the conclusion that Colles' fracture is one of the greatest importance, that it is worthy of the most searching investigation, and especially that its treatment is not by any means *finished*, and is therefore still a legitimate subject for further inquiry, and if possible for further elucidation.

It was unquestionably the late Mr. Colles, of Dublin, who first wrote appreciably respecting fractures of the lower end of the radius. In 1814 he published an article in one of the medical journals of that city, in which the characteristic symptoms of this accident are for the first time correctly and graphically described, and in which he also demonstrates a true appreciation of the difficulties of the treatment. Although attracting considerable attention at the time, his views do not appear to have been generally acted on, as there is afterwards a considerable hiatus, in which nothing of importance was written respecting it, and in which no practical advance was made with reference to its distinctive character or its treatment. In 1838 Dr. J. R. Barton, of Philadelphia, published in the *Medical Examiner*, of that city, an article entitled, "Views and Treatment

Digitized by Google

of an Important Injury of the Wrist," being a very graphic description of a fracture of the lower end of the radius. From a very singular and very unpardonable carelessness this fracture, with which Dr. Barton's name is still occasionally associated, was received very generally by the profession as a rehabilitation of the fracture described a quarter of a century before by Colles; and it is a very remarkable and very pregnant fact that those two fractures, entirely distinct as they are in anatomical character, and in the respective modes of treatment which they require, should be accepted as synonymous by one of our greatest living surgeons, and that Barton should be recognized by the same authority as the first to describe the nature and treatment of fracture of the lower end of the radius. It being evident, therefore, that some confusion of ideas still exist in relation to the exact status of those two fractures, I will take the liberty of referring to the radical differences which exist between them — differences which in practice are of so much weight and importance.

In Barton's fracture, as described by himself, there is no breach of continuity of the shaft of the radius, but simply a fracture through the articular surface of the carpal extremity of that bone. A fragment is broken off from the margin of the articulating surface, and is carried up on the dorsal surface of the radius before the carpal bones, they having been forced up from their natural position by the violent concussion produced by the fall on the palm of the hand. Accompanied as we might naturally enough expect this accident to be by a subluxation of the wrist, the appearances presented would necessarily be very similar to those which are exhibited in Colles' fracture; and if the swelling of the soft parts was considerable, the case might very readily be mistaken for the latter accident. As, however, the existence of Barton's fracture is questioned by many eminent surgeons, and as if it ever happens it must be exceedingly rare, its possible occurrence is scarcely worthy of consideration, as complicating the diagnosis of Colles' fracture. I would wish this last remark to be considered as expressing the general opinion — and probably the correct opinion — of the surgical profession; but, although I have never had occasion to see a case of injury involving the radio-carpal articulation, which I had reason to believe was of the character described by Barton, still considering the conformation of that articulation, and the forces which operate in producing injuries there, it does not appear to me improbable that such a fracture as Barton describes might occasionally be produced, and which, from the difficulties attending an accurate diagnosis of injuries in that region, might very readily be confounded with Colles' fracture.

On the contrary, this latter fracture involves the entire separation of the shaft of the radius, and is a well recognized accident, however imperfect its treatment may still be. It may oc-

Digitized by Google

cur at any point from the epiphysis to an inch and a quarter above the carpal end of the bone. Higher up than this the fracture has not the same significance, does not produce so much deformity, and has not the disastrous results which we so frequently meet with in Colles' fracture.

Surgeons differ very widely in their views of the general direction of this fracture, as they unfortunately do in almost every thing connected with it; some insisting that it is invariably oblique, others that it is usually transverse, or nearly so. An examination of authorities would indicate rather a preponderance of testimony in favor of its being most frequently transverse. A careful observation of those cases which have come under my notice, leads me to believe that in the large majority of them the fracture is transverse, with occasional varying degrees of obliquity. I have never, however, met with a case in which the obliquity was so considerable as to produce any difficulty from muscular contraction after the fragments of bone had been brought into apposition. I avoid for the present any remarks in relation to the comminuted condition of the lower fragment of bone which is so often present in those cases, which constitutes so important an element in complicating this accident, in rendering its treatment so difficult, and its results so uncertain.

The wrist joint as far as its anatomical structure is concerned, is the simplest of the large ginglymoid joints; and contrary to what usually obtains, that simplicity renders at least one of the bones which enter into its composition very liable to injury. To increase the usefulness of the hand, besides the free hinge motion which the joint possesses, it was requisite that it should also possess a considerable degree of lateral motion. To enable the hand to perform those different motions easily and rapidly, it was necessary that the ligaments of the wrist should be thin and loose, and consequently the support which they afford in keeping the two articulating surfaces in close and firm opposition, is not sufficient to withstand the shock of a sudden fall on the palm of the hand. From the loose character of the carpal ligaments therefore, from the irregular separation of the articulating surfaces of the wrist which is thus permitted, from the larger portion of the shock in falling on the palm of the hand being thrown at a considerable angle on the lower end of the radius—the semilunar and scaphoid bones forming so large a section of the carpus—and also from the exceedingly brittle and spongy character of the carpal end of the radius, falls on the extended palm are almost certain to result in this fracture. That the lower end of the ulna is comparatively so seldom fractured, is owing to the great solidity of that bone, to the comparatively small extent of its articulating surface, from the jar of the fall not acting so directly or forcibly on the ulna as it does on the radius, and possibly from some degree of elas-

Digitized by Google

ticity which the intra-articular filro-cartilage may possess, thereby in falls on the hand weakening the force of the shock.

There is perhaps no other fracture so perfectly homogeneous in the manner in which it is produced; falls on the palm of the hand being the almost universal cause of the accident. There is still, however, considerable diversity of opinion among surgical authorities in relation to the influence which muscular action may have in complicating the fracture afterwards or at the period of its occurrence. Farther on I will discuss this question of the probable influence of muscular contraction in this accident. This is not only a questien of great interest, but of much practical importance. As I have before stated almost every important point connected with this fracture is still to a very uncomfortable extent unsettled, and it is only by the closest examination, the most rigid scrutiny, and the most careful analysis, that we can hope to settle those questions, and establish the treatment on a more sound and successful basis.

[TO BE CONTINUED.]

ART. II.—"Diabetes Mellitus."—By A. H. KINNEAR, M. D., Metamora, Ill. Prepared for the Woodford County Medical Society.

Mr. President and Gentlemen of the Woodford County Medical Association:

I desire to lay before you to day, briefly, a few notes and observations taken of a case of diabetes mellitus which occurred in my practice about a year ago, in the case of a young lady eighteen years of age. Previous to her last illness she had always been healthy and robust, of symmetrical form, muscular system well developed, of average height and weighed about one hundred and twenty five. The notes I took of the case are principally in reference to the treatment. I do not desire to say anything in regard to the pathology of the disease, from the simple fact that we know but little about it. Many theories have been advanced by able writers, but up to the present all is based strictly upon theoretical grounds.

February 21, 1880, the mother of the young lady called to see me in regard to her daughter's health, stating at the time that she had been suffering or ailing for the past two months from suppression of the menses. I prescribed for the case and at the end of about two months or thereabouts her menses returned as usual, but about this time, April 1, her mother made another discovery in her case, viz.: that she was troubled a great deal from an excessive flow of urine, passing four times the normal quantity in the twenty-four hours, although her general health at this time was very good but her appetite and thirst were hard to satisfy. Before prescribing for this new feature in the case I requested a sample of the urine for analysis, which was furnished the next day, and showed upon testing the specific gravity to be 1030 and heavily charged with sugar. I made

Digitized by Google

up my mind at once that it was a very grave case to treat, and so informed the mother of the fact.

About this time a number of singular cases had been reported in the medical journals of the country, being successfully cured by the use of salicylic acid, and some of the cases were reported by eminent practitioners, which added weight to said reports, and upon their recommendation I concluded to test its potency in this marked case, and I therefore felt warranted in giving it a fair trial, and if this remedy failed in correcting or preventing the formation of sugar in the urine, it would have at least accomplished as much perhaps as the majority of the agents which are prescribed in this formidable disease. My first prescription which contained salicylic acid, ten grains, four times a day, with soda bicarb. This was continued for two weeks. At the expiration of this time the specific gravity of the urine was 1040, with same quantity of sugar as at first. The next ten days I increased the quantity of acid to fifteen grains four times a day, and at the end of this time found the sp. g. to be 1045, sugar the same as before. The next seven days I omitted the acid for fear I might sicken or disgust my patient with it, which is quite common when it is persisted in at too long an interval. At the end of the seven days of the omission of the acid, which was May 6, I tested the urine again, sp. g. 1050, quantity of sugar the same. It will be observed the sp. g. has gradually increased from beginning of treatment, but while this increased the other symptoms, viz, polydipsia, polyphagia and polyuria, which were prominent in the beginning, had now materially decreased, so that my patient did not crave food and water more than when in her normal condition, and the quantity of urine voided each twenty-four hours, about natural. This gave me some encouragement and I concluded to crowd the treatment a little stronger and more persistently for a while longer at any rate, as she claimed to be feeling better and felt very much encouraged about herself and was exceedingly anxious in regard to her health, as she realized from the beginning the nature and usual termination of this disease, and expressed her willingness to tolerate the treatment just as long as she could possibly bear it. The next thirty days she took twenty grains three times a day. The sp. g. of the urine at the different examinations are as follows: May 13, sp. g. 1055; May 22, sp. g. 1050; May 27, 1052; June 2, sp. g. 1040, quantity of sugar about the same. About June 1st her menses failed to appear, and in short never appeared again, notwithstanding treatment was instituted for that purpose. For the next twenty days the acid treatment was suspended entirely and during this interval the only medicines taken were such remedies as were calculated to restore the menses. June 21 urine test showed sp. g. to be 1045, sugar less in quantity. At this last date I requested her to take a trip through the western states, and to be absent some two months.

Digitized by Google

She complied and spent the most of this time in Kansas and Iowa, visiting friends and relatives, and returned some time the latter part of September, very much improved in health and had gained in weight as well as strength. During her absence she took regularly, about two-thirds of the time, twenty grains of the acid, three times a day. Arrangements were made so that I received by express, at three different times, a small quantity of urine, the test showing the following results: August 9, sp. g. 1040, with no trace of sugar; September 16, sp. g. 1050, heavily charged with sugar; September 25, sp. g. 1055, less quantity of sugar; September 30, which was a few days after her arrival home, the test showed the sp. g. to be 1040, quantity of sugar the same as at last test. After her return home from the west I abandoned the acid treatment entirely, as I became convinced by this time that it was producing no curative effect in her case, and the only ameloriation of any of the symptoms that I could discover were the ones above mentioned, viz.: the arresting of the morbid appetite, the thirst and reducing the flow of urine to about its normal quantity, but so far as arresting the formation of sugar, the object sought in the beginning, was effected but once, and then only for a very short period.

My patient having now taken the acid for nearly six months in large doses, almost persistently, with the formation of sugar, as nearly, if not quite, as strong at the end of this time as in the beginning of said treatment; I now felt warranted in pronouncing it a failure in this case and also justified in laying it aside and try other remedies, although with no expectation of affecting a cure at this stage of the disease. I now recommended, principally as a drink, water from the "Glen Flora Mineral Springs." These waters are highly impregnated with the bi-carbonates and well adapted in the treatment of this disease, which she continued to use for the next three months. October 7th test showed sp. g. to be 1048, trace of sugar more marked than the last time; October 14, sp. g. 1035, sugar about the same as 7th; November 22, sp. g. 1040, quantity of sugar not changed. This was the last test I made, as the young lady was now gradually failing in strength and the disease showing its effects very plainly upon her system, that I considered it of no special importance to make further analyses.

I was now satisfied that while others had wrought wonderful cures in this disease with the acid treatment, I could truthfully say I had made a signal failure in this one, and if there are others in the mean time who have been as successful in treating cases of this kind with the same remedy please let us hear from you, and I pray don't always report the cases in which you have been crowned with success, but give us the dark side of the picture occasionally.

Before closing I wish to state in addition to the treatment already given in the body of this report, my patient drank

Digitized by Google

koumiss during nearly the whole course of the treatment, and during the intervals when not taking the acid, she was put on opium and bicarb. pot.—an old remedy but a good one. She was also restricted in her diet in accordance with the rules laid down in our text books. In this case I followed the rules in dieting closer than is my usual custom. I was led to do this from a desire to test more thoroughly the treatment adopted. The observations made during the progress and termination of this case has convinced me that a more generous diet would be a better plan than that of dieting. I am also convinced that we gain but little by starving the body, by denying it such things as are continually craved; better crowd the agents which are intended to arrest the formation of sugar, and gratify the appetite more freely. On January 6, 1881, my patient was taken suddenly worse and in twenty-four hours was a corpse.

ART. III.—**On Euthanasia.** By FRANCIS DRUDE, M. D., Secretary Board of Health, Quincy, Ill.

"The kindest wish of my friends is euthanasia." For a long time I have felt a desire to say a few words and expatiate about this subject, however uncommon it may appear in this country, where some believe it to be a "noli me tangere." Forty years ago, when in college, I recollect distinctly that my professor gave us a lecture replete with humanity and common sense, on "Euthanasia." This word, derived from the Greek, of "eu," well, and "thanatos," death, is defined by Webster as "an easy death," as "a mode of dying to be desired."

There is a class of physicians, who believe it the destiny of the human race, that, as man comes to this world unconscious, he ought and should leave it, also, in an unconscious condition. Whoever has had occasion to see the dying hours, or even moments, of mortals, can imagine that the motives and impulses, which gave expression to the above mentioned belief, are humane and natural. To refuse a dying man a cold drink of water, of wine, or whatever he desires, is a cruelty unwarranted, even if he should desire something in direct opposition to the laws and doctrines of theory. In most countries it is customary that even culprits, at their last hour, before they are taken off to the gallows, are asked what they desire most; if a cigar, or a glass of brandy, or anything within the range, their wish is gratified.

On this point, I believe, we all agree; there is no contention about the duty of a physician to relieve a dying person as much as possible by any means in his power; the physician should not even be in the way towards relieving the conscience and the mind of a "candidatus mortis," if he has a desire to do so to a priest or to a friend. But there is a point of contention, within

Digitized by Google

the range of this subject, on which the ideas of physicians are essentially different.

Is it the duty of a physician, under all circumstances, as soon as he sees that the chances of life are against the patient, to tell him right full in the face: "You have to die, prepare yourself at once; there is no chance for you; within an hour or a day you have to die?" In my humble opinion it is always, even in the time of the best health, wise and provident to prepare for death; in other words, if a man has to settle his earthly fortunes, let him make his last will and testament when he is quite well, when his brain's faculties are unimpaired; not at his dying hour, when frightened to death and benumbed by pain and agony, he is not "compos mentis."

But in order to better illustrate the leading idea of the above, I will narrate the following occurrence: About a year ago a poor German, mother of six children, having been ailing for some time and unable to do her housework, applied for admission into a hospital, believing that she there would best be cared for. The examining physician, upon investigation, told her the naked truth right full in the face: "That she had carcinoma of the uterus, so far advanced that she had to die; that there was no help, no remedy for her; that it was only a question of time whether she might die within a month or a year; that she, therefore, must prepare for death." Her husband, notified of the result of this examination, requested me, an old friend, to examine his wife also, in the presence of the hospital physician, in order to give him more and full satisfaction. Reluctantly I gratified him, and upon examination I found that all the doctor had said was but too true. But when, now, the hospital physician put the question and insinuation to me to reiterate what he had pronounced, I felt that such was not my duty; and in this, our ideas with reference to "euthanasia" differed widely. While he, from a (Roman Catholic) religious standpoint, thought it his duty to tell the unvarnished truth, so that the poor unfortunate sufferer might prepare for death, I felt and held that I can and could not agree with him.

Now what was the consequence of her knowing the future so hopeless? It naturally made her desperate, almost raving, and I for one would not have blamed her if she would have taken an overdose of morphine, or anything to make an end to such a fate. Whenever, visiting the wards in the hospital, the doctor approached her he would say to her: "For you nothing can be done."

Fortunately this poor creature died about four weeks after this last examination, having refused almost all nourishment. Here I must confess that I am educated to principles which would pronounce such a procedure as a useless torture, amounting nearly to murder; and I believe that in my old time in Germany a man who, devoid of all delicate scruples of dodging

Digitized by Google

such fatal questions, might have been indicted under the charge of willfully shortening and embittering the last days of the life of a poor sufferer.

I am well aware that it is — aside from the above example — the creed of the sect of Methodists, that a patient must be told he has to die; but having some experience of the agonies of death, I solemnly say that if this is the demand of the orthodox religion, I am bold enough to openly renounce and denounce such a system as devoid of all the sweeter and humane feelings. After an experience of nearly forty years I still cling to the principles of euthanasia, in spite of all new orthodox and heartless doctrines of modern times.

The answer to the question whether to tell a patient right full in the face which fate he has to meet must be left, I believe, to the discretion and better judgment of a true and faithful physician.

At fair-times we notice mountebanks, who make their living by so-called lung testing; or by a galvanic or electric machine, by which they say they can try and discover how strong the nerves of a person are. I am a living witness that the greatest mischief is done by playing and fooling with this powerful invention. But is it not analagous to the doings of such mountebanks if a physician gratifies the wishes of an already frightened patient by answering the question without all hesitation, often only to test and try the strength of the sufferer: "You have to die in two hours; there is no help for you?" Such a procedure might be expected from a Spanish inquisitor, but not from a humane physician who understands his duties and possesses the sympathy which discerns the man from the beast.

My opinion is, that it is the most sensible way, whenever the physician is asked by the patient whether he must die or not, to answer: "It is quite impossible to say what result the disease may have, but it is wise and provident to make some necessary arrangements, if you have anything to settle." Or, if there is danger that such an answer might produce a disastrous shock, it would be the duty of the attending physician to let a prudential and discretionary friend of the dying person know of the dangerous and perilous condition.

ART. IV. — **"Confusion Worse Confounded."** Read before the Military Tract Medical Society at its meeting in Galesburg, Illinois. By J. W. HENSLEY, M. D., Knox County, Illinois.

The tendency of the age is to adulterate and amalgamate, and the grand finale may be justly pronounced *Humbug*. Adulterated articles of food and drink are becoming common topics of discussion and investigation. Grocery stores are packed full of ground coffees, spices, baking powders and candies that are

Digitized by Google

even worse mixtures than the numerous condition powders that fill the druggist's shelves.

The old ways of making bread in its healthy, nutritious state, are altogether too tedious for our modern housewives, hence the demand for the poisonous baking powders that have recently been subjected to chemical analysis and pronounced unfit for use. Canned fish and meats are altogether too filthy for any but the rudest savage. While everybody is free to acknowledge that these things are true, there are but comparatively few who are aware that the same state of affairs exist in our materia medica.

Patent medicines and nostrums form the greater bulk of both city and country drug stores, and are in extensive demand. But it is not with this class of medicines that the physician has to deal. Elixirs, syrups, fluid extracts, malts, and a long list of compounds are placed before the physician. Some are officinal, but the greater have not as yet been recognized by the United States Pharmacy.

Please take notice of the scores of extensive pharmaceutical establishments that now exist in this country, and do not fail to note the effect. Long flaming advertisements and testimonials similar to those used by quack nostrum proprietors are sent broadcast from each of these great factories. Agents are sent to visit every drug store and physician in the land to talk and extol the merits of new preparations. Samples are left, and only too often the druggist is credulous enough to invest largely in non-officinal compounds, and the physician prescribes them for convenience sake, or because they are handsome or pleasing to the palate. One factory, according to these sharpers' stories, makes the only genuine, and operates by a different process from all others. Another controls the market on certain drugs, and these are peculiarly meritorious, but very expensive. One extracts the juices of green herbs, another uses the dry. One makes an elixir, another a selibrile elixir, and they all make pills—but some whittle it down to granules, and in order to be distinguished color them with red aniline and call them *pink* granules. Thus you see that not only does the druggist become confused, but the physician himself becomes terribly confounded. One physician wants Tilden's preparations, another Wyeths', another Thayer's, another Parke, Davis & Co.'s, another Dorrell's, another Reed, Carnrick & Andrews', and still another Chapman's or Green's. Now, if these medicines were all genuine, and prepared by an officinal standard, there would be no need of this decided preference. But the facts are, fluid extracts, elixirs and pills, even when purporting to be made from standard formulas, are not of uniform strength, hence *arises* this preferment. To verify the truth of this, let us experiment a little. One pound of a fluid extract should represent one pound of the crude material in medical strength. One scruple of pow-

Digitized by Google

dered ipecac root will produce emesis. One scruple of the powder only equals about twenty-two drops of the fluid extract. Will twenty-two drops of the fluid extract vomit as certainly as one scruple of the powdered crude material? Try it. A selibrile elixir should be one-half the strength of the original drug, yet I venture to assert that you can give one ounce of Carnrick & Andrews' selibrile elixir of ipecac and often fail to get the therapeutic effect of the drug. Three drops of a genuine fluid extract of belladonna is a good dose, and will generally produce the constitutional effect of the drug, but you may give one drachm of this so-called selibrile elixir with doubtful effect. These two examples may suffice to illustrate the uncertainty of strength in almost all fluid extracts and elixirs, and may serve to show something of the rascality and fraud perpetrated by many (if not all) of the wholesale manufacturing pharmacists of the country. Will you investigate, gentlemen, for yourselves? Let us take a single example to demonstrate the doubtful reliability of pills. When quinine was worth $5.00 per ounce in the wholesale market, I bought 500 two-grain quinine pills for $10.00. In an ounce there are 480 grains. So you see the pills were made and sold for less per grain than the quinine in bulk. How could this be reasonably done? Well, I have been credibly informed that these pills that are labeled Sulphate of Quinia are composed mainly of dextro quinine and cincho quinine, both of which are much cheaper in the market than the sulphate. To still further verify the fraud: If you are troubled with a nervous headache of a periodic character, take five two-grain quinine pills, at another time take ten grains of sulphate of quinia and mark the difference in effect.

The profession is not only imposed upon by cheat in strength and adulteration, but preparations are placed in the market under fictitious names and sold at enormous profits. Who ever heard of cascara sagrado until a certain leading firm brought it to notice and sold it at an extortionate price? But when it was discovered that cascara sagrado was a false name, not recognized by the botanist, applied to a species of the rhamnus found in abundance in the Pacific States, the price not only went down 200 per cent., but the name was changed to cascara sagrada, to give it a Latin terminus and thereby bring it within the scope of medical nomenclature. This latter fraud is being perpetrated constantly, and the evil is rapidly growing. Iodia, bromidia, veradia, and all such compounds, are not anything else but that the name indicates, and why should they be prescribed at the expense of the patient when any well-informed physician can compound as good or a better mixture at a much less price?

The desire on the part of the manufacturer is more to reap a profit than to promote the science of materia medica. This eagerness to effect the former leads to base mistatements, and

Digitized by Google

often — very often — proves detrimental to both doctor and patient.

A firm in a neighboring city claims to manufacture over four hundred different fluid extracts, of which only about forty-three are recognized by the United States Pharmacy. Every inducement is offered both the wholesale and retail trade to take hold of these non-officinal preparations and push them. Dozens of houses are now extensively engaged in the manufacture of extracts of malt. One calls it maltine, another malt and hops, another malt and hypophosphates, and so on. Just so with cod liver oil, until it has been transformed into an emulsion, with the fishy taste obliterated. Is extract of malt much more than scorched molasses? or cod liver oil emulsion anything more or better than lard oil and gum arabic? Are either of any value in a therapeutic sense? These are questions worthy to be discussed; for if such remedies — or, rather, reputed remedies — are really worthless, why terrify the patient with them? Who ever saw a case of real phthisis cured with either cod liver oil or these abominable extracts of malt?

The preparations derived from Peruvian bark are too numerous to even attempt to give a correct list, yet who will deny that the sulphate of quinia contains the best virtues of the bark, and is by all means its most efficient constituent — one that can be relied upon in all cases where any of its derivatives are indicated?

Of opium, there are only about four preparations that are at all needed. The aqueous extracts, elixirs, and other doubtful mixtures or sals, such as svapnia, should be wholly discarded. Suppose we examine the phosphoric chemicals and their combinations. These are the phosphates, phosphites, pyrophosphates, hypophosphates, lactophosphates, and if you please about fifty different compounds, when in fact, to simplify, the dilute phosphoric acid is all that is required to test the therapeutic action of this powerful nerve tonic. If iron is to be combined, then the phosphate of iron is easily converted into an aqueous solution, and either is readily combined with most any other medicine.

Then, too, this is the iron age of medicine. Iron is prescribed almost indiscriminately, hence the pharmacist has taken advantage of stupid credulity, and the result is worse confusion still. But I fancy he who sticks closest to the muriated tincture, Quevenne's iron by hydrogen, and the sub-carbonate, will obtain the best results.

"There are medical virtues in every plant." Whether this be true or not, one would think so, judging from the present pharmaceutical standpoint. Admitting the truth of the adage, it then becomes our duty to prove well all things and hold fast to that which is good.

The fewer medicines we use the better, provided they are well selected. It behooves us to know whether veratrum viride

Digitized by Google

and aconitum napellus are superior to tartar emetic and fox glove as heart correctors; or whether rhamnus purshiana and euonymous atropurpureus are better cathartics and laxatives than jalap and rhubarb. Is rhus aromatica equal to hydrargyrum bichloride in diabetes? Is grindelia robusta entitled to especial credit in catarrhal affections? Does yerba santa have a specific effect in laryngitis and bronchitis? or is it entitled to more credit than iodide of potassium? Is daminana entitled to prominence as an aphrodisiac? Are there commendable tonic properties superior to arsenic in the Collinsonia canadensis? Gentlemen, what do you think of jaborandi, tonga, lippia mexicana, and such? Are they what they are reputed to be? Elixir iodo bromide of calcium compound is advertised by Tilden & Co., to cure about all the diseases incidental to humanity. No patent medicine has ever claimed to do more. In an editorial, p. 125 *Journal of Materia Medica*, (Tilden's) April number, 1881, Tilden & Co.'s fluid extract ergot, formula of 1874, is advertised as the only reliable and uniform extract of ergot in the market. And if you will read this editorial carefully you will see that Tilden & Co. accuse other pharmaceutical factories of placing unreliable fluid extracts on the market, such as do not contain more than thirty or fifty per cent. of the active principle. Then again, read Wm. S. Merrell & Co.'s pamphlet on green tincture of gelsemium, which they claim to be half the strength of the parent fluid extract; yet they give the dose ten to thirty drops to be increased, which dose gives the lie to the formula. Then, too, their fluid hydrastis is all that a modern esculapius could desire. And thus I might cite the glaring falsehoods of every medicine factory in the United States, and show you how they seek to delude the unwary. Unless we can obtain pure and reliable medicines, unstained by flaming advertisements and purely secular testimonials, we would save both dignity and usefulness by either preparing our own remedies from the crude material, or by having our home retail pharmacist prepare them for us. Instead of the avaricious and unscrupulous manufacturers receiving our support and patronage in the sale of proprietary elixirs, syrups, fluid extracts, pills, globules, and ten thousand villainous compounds, all of doubtful virtue, let it be our purpose to simplify prescriptions, so that it may not become a byword with us as it is with school books — that no two districts use the same. Then it will be that an Iowa druggist can fill an Illinois physician's prescription, and a Kansas druggist can solve the less complicated recipes of a New York physician.

The metric system is another abomination, and bids fair to die unheeded by the vast majority of our profession. "Let it die the death of the unrighteous."

These, gentlemen, are matters that invite our careful consideration, for they are of vital importance to the future welfare of our noble profession.

Digitized by Google

I may justly here append that early in our present session this society expelled one of its members for a gross violation of medical deontology, and if Dr. C. A. Cooper was expelled for flaunting advertisements and claiming to do what no living man can do, and every member is ready to say, amen! how eminently just that we treat all alike, and thereby banish these pharmaceutical factories that have so flagrantly violated the old pharmaceutical code of ethics.

ART. V.—**Another Malpractice Suit.** By S. J. BUMSTEAD, M. D., Decatur, Ill.

Questions of this character are generally of interest to the profession, because they are usually of that uncertain and disreputable nature that no one can tell when one of these unjust and vexatious suits may be brought against him. With this idea, and perhaps the hope that all members of the profession may be induced to treat all such cases when brought against them as they would a suit for blackmail, I am led to give a short account of a suit of this kind lately brought against me.

On September 13, 1879, a widower residing in this city brought a widow, upon whom he had been waiting for some time, to me with a Colles' fracture of the right arm, saying they had been thrown out of the buggy while out riding, and requesting me to treat it at his expense. It was a typical and uncomplicated case of this fracture and I treated it by the straight splints, and in six or eight weeks discharged the case, finding every motion preserved, and scarcely any (if at all) noticeable deformity. In December or January following she began making shirts, and so continued for six or seven months. About this time the widower married another woman, and this patient went to Champaign to live. About one year after the case had been discharged by me she put in her appearance at my office to make the first complaint, that she had been suffering excruciating pain all this time. I did not, of course, believe her, but informed her that the arm was all right, and it would be nothing strange if there was some hindrance to the use of the wrist joint as it was before, but that it would disappear in time. A month or two later—in January or February last—she came again, and this time was more explicit in conveying to me the fact that she was in training for a suit of this kind. I did not, however, appear to take the hint, and expected to see her again, and have at least some demand made upon me, but the next step was the filing of her declaration by Messrs. Swan and Gray, of Champaign, Ill., and which paper, by the way, was done in a very bungling and slovenly manner. It charged me with making her a cripple for life by my negligence and lack of skill, when I can prove that in December or January following the accident she began to make shirts for a manufacturer of this city, and continued to do so for six or seven months. She also has every

Digitized by Google

motion perfect, and no deformity is appreciable to the unprofessional eye, and scarcely to the professional. The great stress was placed upon the pain. The woman is of a decidedly neurotic family, a brother having had attacks of epileptic mania, so it is no great tax upon the professional imagination to believe the hysterical diathesis largely responsible for the suit, in conjunction with the ignorance of the lawyers who brought the suit. After all these preparations and putting me to the expense of employing counsel, the case when reached was kicked out of court for want of prosecution.

Every man will understand just what a suit of this kind means when it is conducted in this way; and as we are all liable to these kind of vexations, and inasmuch as the laws of our country give us no redress, what should we do about it is a question that concerns us all. I am at present inclined to answer it in two ways. First, by having a law passed making it impossible for a pauper to institute such a suit, unless it is first examined by four reputable surgeons, who make affidavit that there are pretty strong grounds for such a suit. Second, by having the profession in every county so united upon this matter that they will individually refuse to render any professional service whatever to the family of any lawyer who will bring a suit for malpractice against any of their number.

Let us show the gentlemen of the legal profession that we can do without them quite as well as they can do without us. And as a further excuse for a procedure of this kind I would say that these suits never suppressed any quackery, and if half the energy devoted to them was expended in enforcing the state laws upon the quacks the result would be infinitely greater. I can only say in conclusion that the legal gentlemen who brought this suit shall have cause to remember this case, if my lease of life is not a very short one.

ART. VI.—**Hang Nails.** By N. HOLTON, M. D., Smithville, Peoria County, Ill.

In answer to the question, "How to Treat Hang Nails," in the June number of the PEORIA MEDICAL MONTHLY, it is not necessary to know any remedy, as the old maxim of "prevention is better than cure," and as it is such a simple matter to prevent "hang nails," the simplest tyro can not fail to prevent them successfully.

In a physiological condition of the nails and their attachments, there is a slight free edge of the epidermis at the root of the nail. Before there are ever hang nails, this free edge becomes adherent to the nail, and is dragged along with the growth of the nail, and becomes so attenuated as not to be able to maintain its integrity longer, splits into minute fragments, and results in hang nails. This is easily prevented by sliding carefully a smooth piece of ivory or silver under this free edge of

Digitized by Google

epidermis in such a way and sufficiently often to prevent the adhesion spoken of—result, no hang nails. There are many fine, aristocratic gentlemen and ladies who will thank me for this information, if they give the matter careful daily attention, for this condition of the finger nails is exceedingly annoying.

ART. VII.—**Congenital Obstruction of the Intestines, with Post Mortem.** By F. C. ROBINSON, M. D., Wyanet, Bureau County, Ill.

Physicians in active practice ofttimes meet with strange and anomalous cases, a brief review of which may not be uninteresting to the profession, and by comparing notes we may each be benefited thereby.

On the morning of May 17th, I attended Mrs. H. D., in her second confinement, and after a short illness was delivered of a boy, finely formed, though somewhat emaciated, and having a hard tumor at the umbilicus, and what appeared to be a distended colon lying obliquely across the abdomen. I expressed some fears that there was an obstruction in the child's bowels, which were subsequently confirmed by its obstinate vomiting, and no discharges could be obtained. Warm water injections were used, the rectum explored with a bougie, and as cathartics were contraindicated, there was no hope of saving the boy, who died seven days and ten hours after birth.

A post mortem was made, and it was found that the intestine terminated in a *cul de sac*, about two feet from the stomach, and was unconnected with any part of the illium, and two inches in diameter. At the umbilicus was a tumor, which had grown from the right lobe of the liver. It contained a coil of the illium, of which it was principally composed, and it probably commenced forming at an early period of the child's development. The colon and rectum were no larger than a lead pencil, and contained no gas or fluid of any kind. This was the first congenital obstruction observed in eighteen years' practice, except one where the anus was closed by a band, believed by the mother to have been caused by her seeing a dog with his tail cut off and bleeding. With knife and probe I made a new opening, and received for my services half a bushel of hickory nuts and the pleasure of six miles' drive in the country.

On the fifth of May I held an inquest upon the body of Mrs. Flora Warner, who suicided by taking a half ounce of the fluid extract of gelsemium. On the 28th the body was exhumed for a re-examination, and both juries returned the same verdict, "that she died from poison taken by herself with criminal or suicidal intent." She lived only twenty minutes after taking the gelsemium. Her husband, Charles H. Warner, claimed to be a doctor, and was traveling, selling Dr. Berlin's uterine supporter, and had been in the county five days when his wife died.

Digitized by Google

Clinical Lectures.

ART. I.—**Exophthalmic Goitre.** By JOSEPH P. ROSS, A. M., M. D., Professor of Clinical Medicine and Diseases of the Chest in Rush Medical College, Chicago, Illinois. Reported by J. A. ROBINSON, A. M., M. D.

Gentlemen: I wish to speak to-day of one of the functional affections of the heart. We have already considered the inflammatory and structural affections, and will now turn our attention to those, purely functional.

Exophthalmic goitre is our theme to-day. It may be said this should be classed as a nervous derangement, but there is so much disturbance of the heart that I take the liberty to appropriate it as belonging to my department. It is also called Graves' and Basedow's disease, owing to their having been the first to accurately describe it. A certain mystery surrounds its pathology and ætiology so as to prevent our entering into details. The disease, for its diagnosis, rests upon a tripod—combining heart disturbance, enlarged thyroid glands and prominence of the eyes. Sometimes these troubles commence simultaneously, but more frequently they arise successively. The patients are generally of an extremely nervous temperament.

The heart has generally a tumultuous action, with extreme rapidity of the pulse. At the onset of the disease, the pulse will creep up from eighty beats to one hundred, and so on, until I have known it to beat almost two hundred times per minute. There is frequently some heart enlargement. May be or may not be valvular lesions, and the enlargement is probably due to hypertrophy caused by the heart emptying itself imperfectly, and the walls being distended. As a general rule the pulse is small and quick, out of all proportion to the violence of the heart's action.

The thyroid gland becomes full and prominent, and pulsates. It has not the firmness as in ordinary goitre. There is generally a distinct bruit over the gland. It frequently becomes so large as to cause dyspnœa and dysphagia.

The eyes of the patient, in advanced cases, are staring and prominent. Frequently they become inflamed, and the patients will complain of the tears smarting their eyes. Structural changes in the eyes are not common.

The patients are generally women, and of an extremely sensitive and emotional temperament. They become easily provoked, and if provoked, easily become either angry, or so grieved as to sob continuously. They will frequently complain of ill-treatment by those who surround them, and in many cases such complaints are the result of imaginary wrongs.

I have brought before you to-day a case from private practice. This patient, Alice L. C——, is a married woman, aged 34, living in this city. Her father and mother were both healthy. She has ten brothers and sisters, all of whom are healthy. The

Digitized by Google

patient is of a nervous temperament, and has enjoyed good health until January, 1880. At that time she had a great deal of care and trouble. She cried a great deal, and then first noticed her eyes becoming larger. During April, she began to be excessively nervous, so much so that when she became excited her eyes would almost start from their sockets, her heart beat one hundred and sixty times a minute, and she "shook like a tree shaken by the wind." Then it was she first noticed the swelling in her throat. She went to the country a short time, and while there felt better. But upon returning, being frequently annoyed, she became worse. She says when she cries the tears seem like poison to her eyes. Her eyes were always large, but never so prominent as now. She has pain in her eyes when she catches cold, or reads small print.

To-day (January 18, 1881) her heart beats one hundred and twenty-two times per minute. I placed her upon digitalis, aconit., and iodoform, and she has gradually improved.

You ask what is the prognosis of this case. Good. She has gradually improved. As a general rule we cannot promise our patients a cure. I remember a case I had a few years ago, a young lady school teacher, who had a brother whom she dearly loved, act in a manner to grieve her. His trouble seemed to cause the exophthalmic goitre, and for a time she was in a pitiful state, but by tonic treatment, heart sedatives and rest she became better, and to-day is quite free from active disturbance. So far as life is concerned the prognosis is not unfavorable. The cases are apt to be chronic, and when death occurs it is not so much due to the disease *per se*, as to complications which arise. As a rule from 25 to 30 per cent. of the cases recover while a majority of the remainder are alleviated.

The diagnosis of this disease is usually easy. If all the legs of the tripod are present your diagnosis is certain. But if only one of the characteristics of the disease be present then you must exercise great caution, for in the early diagnosis of the trouble to a great extent rests your prognosis.

If there is palpitation of the heart without valvular lesions, do not be satisfied with the too common diagnosis of "dyspepsia with palpitation." It is generally admitted that the disease is due to derangment of the sympathetic nervous system. There is vaso-moter disturbance. The arteries of the thyroid are dilated and the gland enlarged, the vessels behind the eye dilate, also fat cells are deposited, and the eye becomes prominent. Then here is one point on which we must rest our diagnosis. Let us carefully examine the sympathetic system.

What shall be our treatment? In the first place, let the patient be kept entirely free from excitement. If the general health is deteriorated give tonics. If valvular lesions exist treat them appropriately. I have often found the free use of alcohol, port wine, of great service. Use it in non-stimulative, large

Digitized by Google

doses. Aconite yields good results. It will calm the heart and will reduce the pulse rate considerably; of course the hygienic conditions must be carefully regulated.

ART. II.—**On the Necessity and Use of the Suspensory Bandage in Various Affections of the Testicle, Especially those of a Venereal Nature.** By F. R. STURGIS, M. D., Clinical Professor of Venereal Diseases in the Medical Department of the University of the City of New York, etc.

Gentlemen: My apology for devoting a lecture to the suspensory bandage is its almost universal use, from its necessity as a preventive to injury and weakening of the genitals, and the by no means frequent bad results which follow from an ill-fitting or improper bandage.

The three points I shall consider are:

1st. The disease for which it is applicable.

2d. The evil results which follow the use of a bad bandage, and the bandages best adapted for use.

The diseases of the testicle in which the bandage becomes a *sine qua non* in treatment, are gonnorrhœal epididymitis, varicocele, and neuralgia of the testicle. And first, as to the gonorrhœal testicle: This affection, as you know, does not come on at the first access of the disease, but is delayed until the twenty-third to the twenty-fifth day, and although induced by the extension of inflamation to the membrane lining the cord and testis, may yet be averted, by appropriate appliances. The first and foremost of these is support.

The object of this support is twofold: first, to prevent stasis of blood in and congestion of the organ, and second, to relieve the nervous tension and aching of the cord. The best support is the hand, but as the hand can do more service in other ways than by supporting the testicle, artificial aids are called into play, which are all of more or less good. In gonorrhœa the ounce of prevention is worth the pound of cure, hence the point which I have already laid stress upon—to direct your patient to obtain a well-fitting suspensory bandage at the commencement of the disease, assuring him that if he does not do so he runs the risk of suffering from a painful and tedious complication.

In varicocele the necessity is still more apparent, for the swollen and congested veins are a standing warning for support, and the discomfort and aching are continually appealing to the patient's nervous system, so that here a twofold condition is induced, physical organic changes in the veins and nervous irritability, a condition of things which sometimes leads to atrophy of the testis.

Neuralgia of the testis is another disease which is often alleviated by support, and if to that be added some degree of compression, such an amount of ease and comfort is obtained, compared to the former malaise and torture, as to make the patient feel the value of a proper apparatus for the purpose.

Digitized by Google

This compression should never be delegated to the bandage, whose sole function is to support the testis and to assist the scrotum, but it should be obtained by other means. The best thing for the purpose is several coatings of a flexible collodion, which, upon evaporation of the ether, contracts and produces a steady, even, bearable pressure over the neuralgic testicle.

These affections are the most important ones for the application of the bandage; but besides this, many a man in health is benefited by the use of a well adjusted suspensory bandage. Stout persons, in whom the abdominal viscera, loaded with fat, press heavily against the abdominal rings, and by pressure impede the circulation of the cord, are cases in point, and so much comfort do they get, that they never leave off their suspensory bandage. In summer, during the warm weather, the heat will often induce a temporary varicocele, which is relieved by simple and proper support. Hence, you see, not only in disease, but in health as well, a support to the testicle is needed, and it behooves you as surgeons, to be able to advise when and in what cases a bandage is requisite.

But to be of service it must fit well. What, then, are the requisites of a good bandage? They are two: support from below upward, and no cutting nor undue pressure upon any portion of the genital apparatus. Many varieties of bandage are sold, but nearly all are wofully defective, the most serious fault being that they either cut or exercise undue pressure at the perineo-scrotal angle, or else they abrade the skin at the junction of the scrotum and the thighs.

The best bandage is the one I show you, and is sold in the shops under the name of Rawson's United States Army Suspensory Bandage. In the first place the elastic girdle admits of a self-adjustment to the shape of the patient's body, and to the varying positions which it may assume; in the second place, the posterior edge of the bag being cut in a sloping direction does not injure the scrotum nor the perineum, but lies evenly and snugly; and finally, the thigh straps are a good feature in securing steadiness, and in preventing the scrotum from sliding out of the bag, as it is so apt to do in the cheap and common bandage.

Before closing this lecture I wish to say a few words about the evils which result from a poor or ill-fitting bandage. About those which do not retain the testicle, from the shallowness of the bag, I suppose it is not necessary to say much, still less to advise you against them. There is one seriously bad result that I have seen from a poor bandage, viz: a perineal abscess due to compression and irritation from the thick and clumsy edge of the bag; and I have seen several cases where a deep-seated urethral discharge was kept up by the same cause. Hence it is that I have devoted a lecture to this subject, hoping that by calling your attention to the dangers you will avoid them.—*Medical and Surgical Reporter.*

Digitized by Google

Special Notes.

ART. I.—ON SUNSTROKE.

As the heated season is at hand, a few notes, mainly on the treatment of sunstroke, may not be out of place. All that is here intended is to give a resume of practice from a number of sources, and to put it in a brief shape for ready reference.

Dr. Flint, in "Practice of Medicine," says: When there is frequency and feebleness of the pulse, weakness of heart-sounds, with absence of stertor and embarrassment of breathing, indicative of cerebral compression, blood-letting and all depressing agencies are pernicious. Complete rest is of the utmost importance.

Stimulants may be given cautiously by the mouth, and with less risk of vomiting, by the rectum. If the surface is hot and dry, sponging the body with spirit and water should be employed.

When there is fullness of the pulse, slow respiration, with stertor, heat of the surface, congestion of the face and throbbing of the carotid and temporal arteries, blood-letting is the measure especially indicated. The bowels should be opened with croton oil. Cold should be applied to the head by ice cap or douche. The head should be elevated and revulsive applications made to the extremities.

When the axillary temperature was upward of 104°, cold water is applied by wrapping the patient in a sheet, and sprinkling freely every few minutes with cold water (temperature of water not stated) until the temperature of the body and pulse show benefit. This treatment may be continued from a half to several hours, and repeated if necessary. The bromide of potassium shows no apparent benefit.

Dr. H. C. Wood, in "Notes of Hospital Practice," advises that the patient should be immediately placed in an ice-water bath, and should be kept in the bath just long enough to reduce the temperature to 100°. After removal from the bath a hypodermic injection of quinia is given to prevent another rise of temperature.

Dr. Hall, of India, suggests hypodermic injections of quinia, and gives the following formula:

℞	Quiniae sulphatis	10 grains.
	Acidi sulphurici dilut.	10 minims.
	Aquae	ad. 100 minims.

To be used in three injections, at short intervals, until reaction supervenes.

Dr. Whitehall, of St. Louis, in "Naphey's Modern Therapeutics," says: The treatment found most successful was cold to the head and chest, friction to the extremities and the internal administration of stimulants, as brandy and ammonia. Nausea and vomiting may be relieved by full draughts of strong

Digitized by Google

green tea and Rhenish wine. In all cases the most important part of the treatment is rest, with free ventilation and removal of everything that could interfere with circulation or respiration. Under this treatment every case recovered.

Dr. D. H. Cullimore, in the *British Medical Journal*, divides sunstroke into three forms, two of which call for different methods of treatment. The first "is the sudden stroke from the direct effect of intense sun heat, combined with great fatigue and predisposed to, perhaps, by the use of stimulants." The second form is "that kind of heat asphyxia known to occur on board ship in tropical seas, or ashore in the crowded barrack-room."

These two varieties Dr. C. thinks benefited by the immersion of the body in cold water, to reduce the temperature and so permit the renewal of the suspended functional activity of the vital organs.

The third form occurs in persons tainted with malaria, and comes on gradually; the skin heat increases and perspiration ceases; the temperature reaches 106° or 107°; the pupils are often contracted, and there may be delirium. In this form a warm bath (to be repeated if necessary) is best, with cold to the head and removal to a dark cool room. Aconite and belladonna in from three to six minim doses should be given every two hours. Quinia should be given if there be a malarial complication.

In Cook County Hospital, Chicago, the treatment is a bath kept steadily at 55° Fahr., until the temperature is considerably reduced, with which reduction the other symptoms generally improve. From the above, we think the following outline of treatment for general practice may be deduced:

1st. Absolute and complete rest, with removal of all tight clothing, and free ventilation.

2d. A bath if practicable; if not, wrap the patient in sheets and sprinkle plentifully and frequently with water at about 60° Fahr., until the temperature has been reduced to 101° or less, and upon any further increase of heat, resort again to this wet pack. Cloths frequently wrung out in ice-water may be applied to the head.

3d. Nausea should not be invited, and if present should be checked with appropriate measures.

4th. Stimulants should be given cautiously, except in cases where collapse is imminent.

5th. Diaphoresis brought on by administration of proper medicines will be beneficial, if not otherwise counter-indicated.

6th. Blood-letting should never be resorted to except in cases where cerebral apoplexy threatens death.

7th. Quinia may be given hypodermically where there are malarial complications, but not for the purpose of reducing the temperature.

8th. Few cases survive where the temperature exceeds 108°.

Digitized by Google

Periscope.

Puerperal Fever.

During the discussion of a paper "Concerning the Prophylaxis of Puerperal Fever," by Dr. Trush, read before the Obstetrical Society of Cincinnati, Dr. Palmer said:

That no one can admit otherwise than that almost all the cases of so-called puerperal fever come under the first category, still he thinks, that we are not prepared to say that there is no such thing as a distinct, specific puerperal fever.

If this view is correct, we must then recognize a puerperal septicæmia and a puerpereal fever, which affections are separate and distinct.

To what extent is either communicable? Now there are several fevers which may start up within a few days following any confinement:

1st. *Ephemeral fever*, frequent, the result of reaction and excitement.

2d. *Irritative fever*, *milk fever*, not improbably a septicæmia (autogenetic), according to *Schræder*.

3d. *Traumatic fever*, from injury to the soft parts of the vulva, vagina, perineum, cervix uteri, resulting in local inflammations, often septic in character, but not necessarily so.

4th. *Septicæmic fever*, either autogenetic or heterogenetic in kind.

5th. *Puerperal fever* proper, a malignant disease, atmospheric in its origin, infectious, and contagious; usually epidemic.

Besides there is a *malarial* fever in the puerperal woman. Her state is favorable to the absorption of the malarial poison, and its manifestations are akin to septicæmia, controlled more notably, however, by quinia.

The first is not communicable; the second and third not at all likely to be. The fourth easily so, and the last most of all.

We all recognize the fact that the puerperal woman is especially susceptible to the noxious influence of poisonous diseases from without. This susceptibility arises from her disordered nerve state in pregnancy, amounting to an irritability; to her changed state of blood in pregnancy, with its visceral congestions, and imperfect eliminations from the liver, intestines, kidneys, lungs and skin; to the tendency of a rapid decomposition of the blood, resultant on great muscular and nerve waste, by reason of the pain, anxiety, and exertion during parturition, of which there are few occasions the equal; and finally to the contused and lacerated state of the soft parts; to the open condition of the blood vessels and lymphatics on the interior of the womb, likened unto a stump of an amputated limb, amounting in all cases after a contraction of the organ to some nine square inches of surface.

Digitized by Google

Can anything be done to diminish this susceptibility? Much, very much. By diminishing nerve irritability, correcting blood states, favoring elimination, shortening the period of pain, removing sources of anxiety, checking loss of blood, preventing and closing lacerations, diminishing waste, intercepting the imbibition of poisons, through ventilation, cleanliness, and disinfection; from within, by the application of the measures to the patient herself; from without, to ourselves,—we can do a vast deal. As it is possible for anyone to convey a puerperal woman the poison from a septicæmic patient, so it is probable that this transmission can be prevented by the adoption of the above measures.

The testimony of many physicians, and the experience of those in charge of lying-in hospitals, prove this. Under such circumstances it will *not* be necessary for the obstetrician in attendance on puerperal fevers, with fair precautions, to refrain from assuming charge of new patients. But there may be circumstances in which it would be his duty so to do. Attendance on a case, malignant in its nature, requiring frequent and prolonged visitations, or much handling of the infected parts, as in washing out of the uterus, would make it incumbent on him to decline additional patients till relieved of his first.—*Obstetric Gazette.*

Hydrate of Chloral in Cases of Rigid Os Uteri.

At the meeting of the American Gynecological Society, held in New York in 1876, I called the attention of the members to the value of the hydrate of chloral for the relief of labor pains. Incidentally I alluded to its effect in one case in a patient whose labor was rendered tedious and her suffering greatly aggravated by a rigid condition of the os uteri.

Since that time I have had frequent occasion to observe the beneficial use of this drug in similar cases, in which the chief difficulty seems to consist in a rigid condition of the os uteri. The following record will illustrate its use in such cases:

A. D., aged twenty-three, primipara. Labor began about three o'clock in the morning of January 22, 1880. I first saw the patient two hours later. The presentation was normal, the head being in the anterior variety of the first position. The os barely admitting the tip of the finger. The membranes were unruptured. The pains were severe, occurring every ten or fifteen minutes. Six hours later the os was the size of a silver quarter of a dollar, and felt thin, and as though a small wire surrounded it. The pains were present about every five or six minutes, and were very severe. Two hours later no progress had been made, and the patient was becoming restless and fretful. Fifteen grains of chloral were given and repeated in

Digitized by Google

twenty minutes, and a third dose twenty minutes later. Within ten minutes after the third dose the patient began to doze between the pains, and even during the presence of a pain she would not fully arouse, but talked somewhat incoherently. An hour later, the pains seeming to distress her more, two doses of chloral (gr. xv. each) were given at twenty minutes' interval, and the patient again fell into a sound sleep, the recurrence of the pains being marked only by restlessness or moaning. The pains returned at frequent intervals, and three and a half hours from the time of the first dose of chloral was administered the os uteri was fully dilated. The membranes were then ruptured with a catheter, and the labor terminated two hours later with the birth of a boy weighing seven and one-half pounds. During the second stage of labor the mother became more conscious, and at its termination was fairly awake, although she soon fell into a natural sleep after the removal of the placenta and the application of the binder.

This case illustrates what I have frequently seen, the advantageous use of the chloral as an anæsthetic in cases of tedious labor owing to a rigid condition of the os uteri.—*Dr. Richardson in Bost. Med. Jour.*

The Hystero-Neurosis of the Stomach in Pregnancy.

The treatment of the vomiting of pregnancy resolves itself into the correction of all disturbances, functional or organic, as far as possible, which are known to excite dyspeptic symptoms, before a simple irritation becomes a confirmed gastritis, and the stomach refuses to receive remedies most appropriate to relieve the original trouble. Among these, oftener than any others, the emotional element and a constipated habit, with its attendant flatulence and discomforts, accompany the pregnant state, and should receive early and prompt attention. For the relief of the former, no remedies at this time equal in efficiency the bromides of sodium and potassium exhibited in full doses. And here it may not be amiss to state, that in order to secure their full effect these medicines must be administered at the proper time, generally late in the day or at bed-time, and when the stomach is empty.

The constipation can be overcome by any simple laxative, as the comp. liquorice powder, or any other harmless medicine or formula, or if obstinate, copious and repeated enemata of tepid water will unload the rectum of the hardened fæces or scybala which so frequently occur in women.

Finally, when all other causes are excluded, the constipation relieved, and the emotional element controlled, and we come to consider the purely sympathetic disorder following conception; in short, when we have to deal with the uncommon vomiting, due simply and solely, so far as we can see, to the impregnation

Digitized by Google

of a healthy uterus in a healthy woman, I have found many of the remedies which have been called specifics to sometimes relieve, but often to fail. But the one remedy which, in my hands, has before all others proved the most efficient for alleviating the distress, if not for curing the complaint, is Fowler's solution of arsenic, administered in drop-doses upon an empty stomach. When thus given, and with a restricted diet, it has seemed to me to come nearer to a specific for this neurosis than any other. Indeed, the effect is at times almost magical, and when continued for a considerable period, and given in larger doses when the stomach contains food, affords in my opinion, a nerve tonic highly essential to women in the pregnant state, and which no other remedy can equal.

Frequently, however, after its continuance for a considerable time, benefit comes from suspending its use and substituting the nitro-muriatic acid with tinct. nux vomica, particularly if there be any inactivity of the liver or kidneys, or anorexia exists.—*Medical Record.*

Society Transactions.

Proceedings of the Jasper County Medical Association for May, 1881.

The association met Friday, May 6th, with the President, Dr. S. R. Youngman, in the chair. Members present: S. R. Youngman, H. S. Hinman, A. A. Franke, J. H. Maxwell, Z. Allen, N. D. Myers, James Picquet, L. J. Schifferstein, Harmon Stevens, W. H. Edison, James Larrabee and A. B. Faller.

Proceedings of previous meeting read and approved. Secretary read a report showing the condition of the association, its progress, etc.; report received. Dr. Allen read a paper on Hydatids of the Uterus, with the report of a case occurring during pregnancy. Officers elected for the ensuing year:

President—S. R. Youngman.
Vice-President—N. D. Myers.
Secretary—A. B. Faller.
Treasurer—A. A. Franke.
Financial Secretary—Z. Allen.
Censors—H. S. Hinman, James Picquet and W. H. Edison.

Dr. Maxwell read a paper on Pneumonia. The discussions on Dr. Allen's and Dr. Maxwell's papers were lengthy and interesting.

Drs. A. A. Franke and N. D. Myers were appointed to read papers at the next meeting. After attending to some financial business the association adjourned until Friday, June 3d, 1881.

A. B. FALLER, M. D., *Secretary.*

Digitized by Google

Therapeutic Notes.

FOR MENORRHAGIA OF CLIMACTERIC PERIOD.

℞ Ex. ergotae aq. 2 scruples.
Butyri cocoae 1 drachm.

Make twelve suppositories and introduce one into the rectum morning, noon and night, carrying them well up into the bowel and having the patient lie down for an hour afterward.—*Dr. F. Barker.*

The Doctor advises the use of these suppositories for a week previous to the return of the expected period.—*Med. Gazette—Obstetric Gazette.*

IRRITABILITY OF THE BLADDER FOLLOWING GONORRHŒA.

℞ Morphiae sul. 5 grains.
Tinct. cubebae 4 ounces.
Colchici sem. 1 drachm.

M. Sig. A teaspoonful in water five or six times a day.—*Medical Bulletin.*

POISON OAK ERUPTIONS.

℞ Sulphate of soda 2 drachms.
Chloral hydrate 1 drachm.
Water 1 pint.

Mix. Use as a wash. It relieves in a very few hours.

℞ Sweet oil 1 ounce.
Carbolic acid 15 drops.
Ammonia 10 drops.

M. Apply freely to the affected parts. There will be no signs of the eruption in 48 hours.—*Eclectic Medical Journal.*

PYROSIS.

℞ Rhei pulv. 2½ drachms.
Sodae bi-carb. ½ drachm.
Syr. simp. fl. 5 drachms.
Aq. menth. pip. fl. 8 ounces.

M. Sig. Tablespoonful twice to four times daily.

Of course the diet must be attended to; a milk or vegetable diet with alkaline drinks being beneficial.—*Southern Clinic from la France Medical.*

CHOLERA INFANTUM.

℞ Potas. bicarb.
Pulv. rhei.
Pulv. aromat. aa. 1 drachm.
Aquae bullientis 4 ounces.

Macerate one hour in a covered vessel and filter. Of this a teaspoonful may be given every hour, and one drop of laudanum with each alternate dose. This should be kept up until discoloration of the stools from the rhubarb is observed.—*Mississippi Val. Med. Monthly.*

ESMARCH'S CAUSTIC POWDER.

For the removal of morbid growths:

℞ Arsenious acid 1 part.
Sulphate morphia 1 part.
Calomel 8 parts.
Pulv. gum arabic 48 parts.

M. Sprinkle thick, every day upon a surface, either raw, or denuded of cuticle by a blister. It is said to be painless.—*Michigan Med. News.*

FOR BOILS, CARBUNCLES AND PUSTULAR ACNE.

℞ Syr. ferri lac
Tr. columbae aa. 2 ounces.
Potasii chlorat. 5 drachms.

M. Sig. Two teaspoonfuls in water one hour after meals.—*Dr. J. V. Shoemaker.*

IODINE IN THE TREATMENT OF CHRONIC INTERMITTENT FEVER.

The ordinary forms of intermittent fever I treat with a great deal of success, by the following combination, a teaspoonful of which is taken every two hours, during both the cold and hot stages, for several days successively, omitting it only during the hours of rest at night, or when there is no recurrence of the chill after the third or fourth day of its employment. You will notice that it is a combination of the antiperiodic with a febrifuge, to meet the indications of both stages:

℞ Quiniae sulph. 1 drachm.
Acid. sulph. aromat. q. s.
Elix. glycyrrhiz. comp. 1 ounce.
Spt. ether. nit. 1 ounce.
Spt. mindereri 6 drachms.
Tinct. aconit. 20 drops.
Syr. limonis q. s. 4 ounces.

Occasionally cases of rarer or more persistent form present themselves for treatment. In these cases I have met with uniformly good results from the following combination, as alterative, prescribed during the interval of attack, and up to a day or two of the expected recurrence, when the quinine mixture given above is to be renewed, and continued until after the danger is past:

℞. Tinct. iodinii,
Tinct. sanguinariæ,
Tinct. ferri chlo., aa. 1 oz. M.

Sig. From twenty to thirty drops, in water, three times daily, after meals.

Digitized by Google

Book Notices.

The Hygiene and Treatment of Catarrh. With forty illustrations. By THOMAS F. RUMBOLD, M. D.; Cloth; 474 pages. St Louis, Mo.: Geo. Rumbold & Co. 1881.

This attractive work is divided into two parts. The first treats of hygienic and sanative measures, the second, of the therapeutic measures. It is by a specialist of long experience and is made up of his own observations rather than from those of others. We are pleased to note the decided grounds he takes upon the worth of hygiene and sanative measures.

The chapter upon tobacco is especially interesting, and may be read with interest and profit, aside from its relation to the disease treated of in this work.

In many respects Dr. Rumbold has left the beaten track, and has given us some decidedly original and novel ideas. When he says, that the use of the Eustachian catheter will be done away with, many will shrug their shoulders, but after reading his reasons for the prophecy we think they will agree with him. The book is nicely gotten up, the paper is good and the type clear and distinct.

Diseases of the Pharynx, Larynx and Trachea. By MORRELL MACKENZIE, M.D., Senior Physician to the Hospital for Diseases of the Throat and Chest; Lecturer on Diseases of the Throat at the London Hospital Medical College, etc. New York: W. W. Wood & Co.; pp. 440.

This work seems complete in every part, and coming from one of the best known specialists of England, the views advanced are worthy of the most attentive consideration. Some of the matter included in this treatise has already been published in several of the British journals, but "by far the larger portion is now published for the first time."

Section first includes all affections of the soft palate and tonsils, with specific and malignant growths, ulcerations, diphtheria, and the throat troubles in scarlet fever and other exauthematous diseases.

Part second treats of the diagnosis and treatment of laryngeal diseases. Part third is upon diseases of the trachea, including stricture, tumors, wounds and foreign bodies. Laryngotomy and tracheotomy are handled in detail; the operations explained with the dangers attending the operation and after treatment. Subscribers to Wood's library, of which this work forms a part, will find this one of the best and most useful of the series.

A Treatise on the Materia Medica and Therapeutics of the Skin. By HENRY G. PIFFARD, M. D., Professor of Dermatology, Medical Department of the University of the City of New York, etc., etc. W. Wood & Co.; pp. 350.

This work is divided into two parts—somewhat in the manner of the pharmacopœia. In the first, all the drugs used in

Digitized by Google

the treatment of skin diseases are alphabetically arranged, and the author's experience and opinion as to their especial efficiency given in detail.

In the second part this order is reversed, the diseases being arranged in alphabetical order, and the method of treatment given with each. This arrangement makes the book very valuable as a work of reference; and, although the number of remedies which are or have been used in this class of diseases is almost infinite, still the plan upon which this book is written makes it very easy to find any particular remedy and its value.

The formulary attached is very full, and although we do not approve of formularies on general principles, many will find it useful.

Anatomical Studies upon Brains of Criminals. A Contribution to Anthropology, Medical Jurisprudence and Psychology. By MORIZ BENEDIKT, Professor at Vienna. Translated by E. P. FOWLER, M.D. New York: W. Wood & Co.; cloth, pp. 185.

"That man thinks, feels, desires and acts according to the anatomical construction and physiological development of his brain," is the law laid down by the author, and from which, by a series of anatomical studies upon the brain of twenty-two criminals he asserts, "*an inability to restrain themselves from the repetition of a crime, notwithstanding a full appreciation of the superior power of the law* (Society) *and a lack of the sentiment of wrong, though with a clear perception of it*," to constitute the two principal psychological characteristics of that class to which belongs more than one-half of condemned criminals. The aim of Prof. Benedikt has been to prove the relation between the atypic brain and atypic skull, and whether from the latter we can determine the former. How he has succeeded, he says frankly: "For the present, science can give no response." And we believe the answer ever will be negative. Still the book is well worth reading, and will repay a careful study.

The Management of Wounds. By DAVID PRINCE, M. D. Paper, pp. 58.

Part of the contents of this pamphlet was read before the Tri-State Medical Society, at Louisville, Ky., and afterwards published in the St. Louis *Medical and Surgical Journal*. The author states "It has been the aim in this paper to present the management of wounds in a brief but comprehensive survey of the whole field of the subject."

Contribution to the Correction of Strabismus, by the Advancement of the Rectus. By A. E. PRINCE, M. D., Jacksonville, Ill. Reprinted from the St. Louis *Medical and Surgical Journal*; pp. 8.

An accompanying photograph shows a wonderful result by this operation.

Digitized by Google

Hemorrhage of the Rectum Treated by Pyrogallic Acid.

In the following case, says Dr. Wallace, in Glasgow *Medical Journal*, I have tried the remedy as recommended in the above "item," with the best result: A young lady had, for four or five years, suffered from an almost daily, though, as a rule, slight discharge of blood from the rectum. A doctor was consulted, and the question of piles was raised, but she would not permit an examination to be made. Her health, naturally good, began very gradually to be affected, but as the hemorrhage was at no particular time excessive, she still delayed treatment. It having, however, increased of late, she consulted me, and I ascertained the following facts: 1. The discharge presented all the characters of fresh blood, and came away equally and without warning, whether the patient was lying, sitting, or taking active exercise. 2. There was not, and there never had been, the slightest pain in the bowel on defecation, nor did the bleeding occur specially at that time. 3. Though, as a rule, of almost daily occurrence, the hemorrhage sometimes ceased for three or four weeks. 4. The catamenia were quite regular. On general grounds, I was certain of the accuracy of her statements. (These conditions seem to point to some lesion of the rectum, or at least the lower bowel, and yet preclude the idea of piles, fistula, or even of polypus.) Before insisting on an examination, I tried the ordinary astringents and hæmostatics, including ergot, but without any result except causing nausea. I then gave pyrogallic acid in one grain doses, three times a day. This was readily taken in water, without causing the slightest derangement of the stomach, and in one week bleeding had completely ceased. For a few days after its cessation she had a feeling of uneasiness in the loins, but this soon went away. It is two months since then, and she continues perfectly well.

To Relieve Burns from Mineral Acids.

An exchange quotes from the *Bulletin de Therapeutique* the details of a serious accident which occurred during a chemical lecture, in which two students were seriously injured in the face by the explosion of a flask containing boiling sulphuric acid. The remedy applied was a soft paste of calcined magnesia and water, with which the face was covered, in layers two millimetres in thickness. The intense suffering which was first experienced ceased entirely about a quarter of an hour after the application of the remedy, and although the magnesia requires to be renewed in the course of twenty-four hours, in the case of a severe burn, the patients, after recovery, retain no marks of the accident.—*Medical and Surgical Reporter.*

EVERY reader is requested to read advertising pages 69 and 71 of this number.

Digitized by Google

THE PEORIA MEDICAL MONTHLY.

EDITORS:

DR. J. MURPHY, DR. J. L. HAMILTON, DR. H. STEELE.

THOS. M. McILVAINE, A. M., M. D.,

Managing Editor and Publisher,

304 South-Jefferson Street, - - - - PEORIA, ILL.

*** All exchanges, books for review, and communications must be addressed to the Managing Editor and Publisher.

Editorial Department.

The Old and Young in Council.

Much has been written, in several medical journals, concerning the hoggish practices of older physicians, in consultation with younger members of the profession. In some cities, Philadelphia for example, it is stated that a young man can scarcely hope to call in counsel and still retain the case. In others, the young doctors are so snubbed and brow-beaten by the elders, that many prefer to throw up the case at once.

This is a lamentable state of affairs, but we are happy to believe that it is not universally the case.

In many respects it is hard for an old physician to remember his younger perplexities and hardships, and it may oftentimes be the case that they are called in consultation when no real necessity exists, but if they knew the gratitude, felt by a young physician towards an older one, who has treated him like a man and equal in counsel, we do not think many would be inclined to take advantage of their inexperience and try to get the case. There is nothing more gratifying and conducive to a lasting feeling of respect and friendship, than for a young man to have his diagnosis approved, and treatment confirmed by one in whose skill and ability he has all confidence.

It may seem like a little thing, but it is not, for in a few well-chosen words the older physician can restore the self-confidence of the younger and relieve his anxiety and fears.

Digitized by Google

Gratitude is not a thing to be despised, and he who can inspire the sentiment should be careful to do nothing that might destroy it, or turn it into hatred; while the young man who is not grateful for such kindness, is not deserving of it.

Quinine Among Eclectics.

The New York *Medical Eclectic* is a pretentious monthly of thirty or more large octavo pages, devoted to Reformed Medicine, General Science and Literature. On page 164 of the May number they give us, with an evident air of credulity, the following: "We are informed that quinine has but little effect in breaking up intermittent and malarial diseases." Shades of Epicurus, protect us! Can't they now tell something about "calomel?"

E. W. G.

Encouragement.

A portion of the following private letter is so appreciative that our vanity forces us to publish it; and a part is so true, that coming from an uninterested party, it must carry weight with it.

Dr. Gray makes a strong point when he speaks of the smallness of the subscription price, as being against us. Nevertheless we are firm in the assurance that our efforts to give the best and most reading matter for the least money, will win:

BLOOMINGTON, ILL., June 19, 1881.

Dear Doctor:

I am regularly in receipt of your journal; and I am more than pleased—I am gratified with its conduct and its apparent success. I hope the liberality and enterprise you have exhibited in its publication will be appreciated, as I believe they will be. Notwithstanding its comparatively feeble beginning and short history, I am glad to see it has grown into proportions that rival in magnitude many of the older journals, while it certainly excels most of them in the amount of original matter, and the freshness of its contents and make-up; how can you do it for one dollar a year?

You will, I suspect, experience one trouble. The subscription price is so small, that many busy practitioners will forget to pay up. They at first neglect, and at last forget to pay. Hundreds are still owing me, for the *Herald of Health*, fifty cents and one dollar, and some of the best men in the profession in the state. You will have something of the same trouble, though your journal is larger, and the price higher. If they would but reflect that these hundreds of small sums, each so insignificant

Digitized by Google

in the thought of the individual, constitute the very life blood of such an enterprise, they would pay up. I earnestly hope you will be able to pull through till you are fairly before the profession. I may say for your encouragement, that I know the journal is appreciated by the better class of physicians. They seem surprised that such a journal should spring up in so short a time in Central Illinois. I have hardly kept promise with you about writing for it. I have entirely retired from the practice of medicine, and I find that private life, free from corroding cares and responsible duties, is so agreeable, that I let the days go by, doing but little.

You have my best wishes, and it may be I will have the courage some day to offer you something.

I am very truly yours,

E. W. GRAY.

Notes.

Dr. M. D. Tibbetts has removed from Alhambra, Ill., to Chillicothe, Mo.

Dr. A. E. Baldwin, of Toulon, Stark Co., Ill., has changed his location to Woodstock, McHenry Co., Ill.

Dr. G. L. Corcoran, of Brimfield, Peoria County, Illinois, leaves for England July 5, to attend the meetings of the International Medical Congress, in August. It is expected that over 2,000 physicians, from all parts of the world, will be present.

Friends of Dr. M. A. McClelland, of Knoxville, Knox Co., Ill., will sympathize with him in the loss of his wife, who died June 3d, 1881. Dr. McClelland has been quite ill for three months, and will now take a rest and recuperate. Our best wishes go with him in his search for health.

Griscom, the Chicago faster, still holds out. The interest in such foolish feats is greatly lessened in the last year; the daily papers rarely mention it. One curious fact, if fact it be, is that his pulse has decreased in frequency. It would naturally be supposed, that as he became weaker, his pulse would quicken. His temperature continues about normal.

In Rhode Island the prescription belongs to the patient, but the druggist is the custodian, while the physician has only the right to look at it. We wonder who is custodian for the prescriptions made by the druggists, and whether anybody has the right to look at them. That law would have to be changed considerably to work well in this part of the country.

Alexis St. Martin, the man who became famous fifty-nine years ago, from having a load of duck-shot put into his stomach

Digitized by Google

in another way than by his œsophagus, has recently died. He was eighteen at the time he received this unpleasant dose, (June 6th, 1822). The medical student who never heard of Alexis St. Martin, and his gastric fistula, would be a curiosity.

The following gentlemen graduates of Rush, 1881, have located as given below. We would be pleased to have the addresses of all:

W. H. Preston, Elmira, Fulton County, Ohio.
J. J. Finley, 2140 Michigan avenue, Chicago.
H. Hannum, Burr Oak, Kansas.
H. Jenkins, Preston, Iowa.
P. A. La Barriere, 73 Randolph street, Chicago.
J. W. Adams, Prairie City, Jasper County, Iowa.
J. R. Barnett, Latham, Logan County, Illinois.
F. P. Bachelder, Dennison, Crawford County, Iowa.
S. S. Jones, Madelia, Minnesota.
T. C. Clark, Stillwater, Minnesota.
H. McCleary, Indianola, Warren County, Iowa.
N. B. Hoornbeek, Walnut Grove, McDonough County, Ill.
D. C. Tyler, 1304 West Ninth St., Kansas City, Mo.
J. H. Auburn, Elberfield, Warrick County, Indiana.
W. H. Smethers, Twin Falls, Greenwood County, Kansas.
D. T. Stewart, 1304 West Ninth St., Kansas City, Mo.
C. M. Miller, Richview, Washington County, Illinois.
W. A. H. Coop, Friendship, Crockett County, Tennessee.
J. N. Boyd, Madison, Wisconsin.
T. E. Webb, Shelton, Nebraska.
F. H. McNeel, Kilbourn City, Wisconsin.
J. F. Grimm, Iowa City, Iowa.
L. W. Campbell, Shreve, Wayne County, Ohio.
G. W. Nuckolls, Auburn, Sangamon County, Illinois.
C. F. Ross, Matteson, Cook County, Illinois.
F. T. Anthony, Sterling, Whiteside County, Illinois.
A. Blood, Leland, Illinois.
J. G. Bodenschatz, 177 W. Randolph street, Chicago.
W. H. Brown, North Henderson, Mercer County, Illinois.
F. J. Kriebs, Carroll City, Carroll County, Iowa.
T. H. Line, Adeline, Ogle County, Illinois.
W. A. Vincent, Rochester, Minnesota.
C. S. Shephard, Clarksville, Iowa.
A. Garwood, Bostrop, Texas.

A Philadelphia quack tells the public: "If a patient wants it gentle and mild, I'm a homœopath; and when anybody wants thunder and lightning, I'm an allopath."—*Detroit Lancet.*

The Philadelphia quack is not the only one who has thought to fill his pockets by such humbuggery. Some that we know of, and they are considered strictly regular, are trying the same device, but it won't win. We know the American people are

Digitized by Google

easily humbugged, but a man has to be open about it; they patronize quacks because of their boasting and big advertisements, but they won't patronize a man who tries to quack it in an underhanded, sneaking way.

Dr. Greensville Dowell, Professor of Surgery in the Galveston Medical College, and Editor of the *Texas Medical Journal*, died June 9th. Dr. Dowell was well known as the originator of a radicul cure for hernia, an operation which in his hands gave admirable results. An account of this operation may be found in his own work, on the "Radical Cure of Hernia," or in Dr. J. H. Warren's recent work on the same subject.

Chicago doctors ought to grow rich, if all the reports concerning the city health are true. The *Times* says: "Our drinking water is unfit for use; our streets and alleys are reeking with filth; our sewerage system is incomplete and imperfect." And it should have added: Somebody is very remiss in not taking proper steps to stamp out the smallpox.

The mortality among children is simply frightful.

Concerning the Quain-Kidd consultation over the case of the late Lord Beaconsfield, the London *Lancet* says: "Dr. Quain has violated a fundamental principle of professional conduct in acting with Dr. Kidd, an eminent homœopath, in treating the Earl of Beaconsfield according to the regular practice of homœopathy. This is the conclusion which is forced upon us, and is one in which we believe the profession will feel compelled to acquiesce."

When men professing to be homoeopathists talk of "looking for fresh facts and new principles to guide our way in the fields of practice," (Dake) we say, to the young especially, "Beware of wolves in sheep's clothing."— *Medical Advance.*

How is the above statement made to agree with the motto of the *Advance?* viz: "Its law is progress; a point which yesterday was invisible is its goal to-day and will be its starting-point to-morrow."

The bill introduced before the Illinois legislature the past winter has become a law, and will go into effect July 1st. However, as three months are allowed for practicing pharmacists to make application for certificates, it will not go into practical operation until October 1st. Mr. F. C. Bourscheidt, with Messrs. Fleury, Marmon and Buck, are deserving of great praise for the untiring energy displayed in getting the bill brought up in proper shape, and securing a handsome majority in both houses.

The State Board of Health have again expressed a determination to weed out all non-licensed practitioners from the soil of Illinois. Let the good work go on. Several Chicago quacks

Digitized by Google

have recently taken lodging in the state hotel at Joliet, and others have engaged rooms in advance. Now, if the State Board will pay some attention to travelling quacks and make them pay $100 a month, even if they have a diploma, or come under the ten years clause, the profession will think something is certainly going to happen.

A Llama doctor, who, if he does not happen to have any medicines handy, writes the name of the remedy he would administer on a scrap of paper, moistens it with his mouth, rolls it up in the form of a pill, which the patient tosses down his throat. In default of paper, the name of the drug is chalked on a board and washed off with water, which serves as a healing draught. — *Medical Advance.*

In default of chalk and a board, we would propose that the physician speak the name of the remedy, and that the patient then smell his breath. Where strong remedies are not indicated the physician might only whisper it. This, however, we fear would be infringing on homoeopathy, and especially on Hahnemann's later practice of "Olfaction."

A couple of years ago the New York *Medical and Surgical Journal* had the appearance of a first class eclectic journal. It was of large size, well printed and well patronized. We knew nothing of its editor until he took one Polk, as assistant editor. This did not last long, as other journals claimed that Polk was an old partner of Buchanan. The next step was the removal to Chicago, whence is issued the *New York and Chicago Medical and Surgical Journal.* This would not have excited much comment among those not in the immediate neighborhood, but shortly afterwards large advertisements appeared in Iowa papers, setting forth the titles, skill and power of Dr. E. N. Fishblatt.

And now the Georgia professor and New York editor appears as the Iowa specialist. What do our eclectic friends say of this stray sheep?

We have received a pamphlet, entitled "Archives of the Pentstemon Cosmopolitan Association." This association is composed of a number of gentlemen, representing several professions and business pursuits, who meet yearly for a day of social and intellectual recreation. At each meeting a paper is read, and these various papers, with a history of the association, make up the archives. We quote the preface in full: "Life is not all labor, is not all drudgery—at least it should not be. A reasonable amount of recreation, social enjoyment, is both strengthening and elevating.

"In accordance with this view, a few friends, of different nationalities, but geneial spirits, cosmopolitan in the true sense of the word, have been in the habit of devoting one day in the year."

Digitized by Google

Dr. H. Lenox Hodge, son of the late Prof. H. L. Hodge, of the University of Pennsylvania, and himself Demonstrator of Anatomy in the same institution, died in Philadelphia, June 9.

We again ask our readers to report any case of general interest that may have come under their observation, also, to send us any special or new methods of treatment which they have found of benefit. Our motto is "writing makes men think." We give you the opportunity and space, and if you do not make use of it, for your own improvement and the benefit of your profession, the fault does not rest on our shoulders.

Among our original communications appears an article on the drug question. The author says some pretty hard things about some pharmacists, and if what he claims is true, there certainly is reason for alarm on the part of physicians. We differ, *toto cœlo*, with him, in his remarks on the introduction of new remedies, although, in our own practice, we hold mainly to old friends. The subject is worthy of further investigation, and we would be glad to hear from others on it.

Some Things That May Interest You.

DR. J. F. BASS, of Richmond, Va., writes to the *Southern Clinic*, that he had a case of advanced phthisis greatly improved under the use of the Trommer Extract of Malt. His cough was greatly relieved, night-sweats arrested and his life greatly prolonged. He says in conclusion: "I know of no agent which will meet all the indications so well as the above invaluable preparation, and I think if our physicians would only give the remedy a fair and impartial trial it would convince the skeptical that many good things are overlooked and unappreciated because of an unwillingness to meet our manufacturers half way."

SPEAKING of Horsford's Acid Phosphate, Dr. C. Graham, of Chicago, Ill., says: "I have used Horsford's Acid Phosphate very extensively in diseases of the nervous system with the greatest satisfaction. In feeble women, and men who have become nervous from sedentary habits or over-mental exertion, as well as in the nervousness and restlessness of masturbation, and persons addicted to excessive use of tobacco, it is very certain in its action, allaying irritation of the nervous system, thus giving sleep and rest, and preventing unnecessary expenditure of nerve force, and by this means facilitating the action of tonic and restoratives, among which the Acid Phosphate itself is one of the most decided value. As a whole, this preparation is worthy of the confidence already bestowed upon it by the profession.

AS THE season for diarrhœal disorders is now close at hand, it behooves the practitioner to prepare to meet them. Lactopeptine is now regarded as one of the standard remedies in the treatment of cholera infantum. It is especially beneficial and curative in the earlier stages, and leaves no unpleasant effects.

IT IS unnecessary to do more than call the attention of physicians to Planten's capsules. This firm has been engaged in their manufacture for nearly fifty years, which is proof sufficient that what they don't know about capsules is not worth knowing. We would, however, especially call attention to the capsules for rectal medication, taking the place of enemas and suppositories.

Digitized by Google

THE PEORIA

MEDICAL MONTHLY.

VOL. II.——AUGUST, 1881.——No. 4.

Original Communications.

ART. I.—**Professional Prostitutes.** By A. H. KINNEAR, M. D., Metamora, Ill.

The medical profession, more than any other, is annoyed with deserters, impostors and prostitutes, and to such an extent, too, that it becomes the duty occasionally for some one to rise and ventilate the nuisance a little, from a sense of self-protection as well as a duty he owes his profession and the people.

If a member of the legal fraternity is caught at irregular practices in his profession, he is at once expelled from the bar, and is prevented from enjoying any further privileges as an attorney before any of the courts, and is branded as a *shyster*, and in this way the legal profession keep their ranks unspotted from these impostures. They also take particular pains to thoroughly advertise the same styled impostor, so that the people by this means may be able to resent or repel any solicitation on his part to transact legal business for them; but not so with the medical profession. In the latter, male or female, who may have spent a few months reading a medical book, and possibly attended one course of medical lectures somewhere on the Continent, and during which time got hold of a few recipes which they have copied from some of the hospital journals, and which are used in treating some particular form of disease; having now armed themselves with these weapons, they at once open out in public print as clap doctors, and are ready to treat any form of disease that flesh is heir to. Having spent years in the study of their profession at the most noted medical colleges and hospitals of the country, are now ready to heal the sick and raise

Digitized by Google

the dead. They now have, after years of hard study, just discovered how to cure so many forms of disease peculiar to a certain sex, which has baffled the skill of every gray-headed veteran of the profession from Adam down, and many times incorporated with these notices will appear copies of letters from some poor mortal's wife, who has been tortured for years by these old veterans, how quick she rallied under the treatment of this new famed doctor, and they thank God that they were so fortunate as to fall into the hands of such a great benefactor, etc., etc. It is getting quite popular now for lady doctors to appear in public print as clap doctors—well, I believe they don't exactly call it by that name—however, their stories are written in a very impressive manner, which entice hundreds to flock to their rooms for the purpose of relating in detail their many aches and pains that they have suffered since they were born. These patients are usually rapidly served, as one prescription answers all their ailments; no matter what their disease is, this one great remedy will penetrate to the very bottom of the diseased member.

Therefore, since the legal profession have a rule by which they regulate irregular practitioners of the law, I see no good reason why the medical profession should not take some pains in protecting their patrons from being imposed upon by professional humbugs, or more strictly speaking, medical prostitutes. The course usually pursued by the members of the profession is, when a patient of theirs asks the privilege of trying one of those professional book or newspaper advertisers, they generally tell them to go ahead and give them a trial, knowing full well at the time they give their consent that nine out of every ten will return sooner or later as their patient, in a worse condition than when they left, while some never return, owing to the fact that the grave claimed them before they had time to reconsider and return to their former allegiance. People love to be humbugged; it is one of the failings of the race, and I contend it becomes our common duty to admonish the people against it as much as it is our duty to admonish them against any other species of sin that in any way deteriorates health. We have no hesitancy in warning them of the dangers resulting from the excessive use of alcoholic drinks and the frequenting of the so-called dens of prostitution, but not a word do we say publicly when we see them walking straight into the very jaws of death. It is claimed this is not professional. It would be just as humanitarian to say that the board of health should shut their eyes when on a tour of inspection through the filthiest parts of a great city, and in their report to the city authorities frankly state that they saw nothing worth their while to condemn or recommend, else they might cut short work for the doctors during the heated season.

Digitized by Google

Every regularly graduated physician obligates himself to prove loyal to his calling, and that he will in every instance watch with a jealous eye the purity of his profession, and that he will in no wise cater to the whims and fancies of others who are disposed to allure him into an illegitimate course. The conscientious and true physician will strive always to elevate the standard of his profession, and will labor hard to add his mite in furthering the good cause; he will diligently apply himself early and late in making every advancement possible in adding improvements in the healing art, and whenever he has made an improvement or discovered a new remedy, instead of hiding it "under a bushel," proclaim it far and near to his professional brethren, who will soon test its virtues, and by so doing benefit mankind at large.

Life is too short to tolerate drones and impostors in our profession, and we have neither room nor time to spare for either. The former is constantly in our way and a dead load to carry, while the latter is a stain to the good name of the profession. Every physician is constantly witnessing the return of their old patients, who have been absent for some time, under the treatment of those impostors, and they universally tell the same story, viz.: they were allured away by reading the pamphlets, books and newspaper advertisements, gotten out by these same styled professional prostitutes, and for a while were charmed with the treatment, and naturally imagined they were rapidly recovering, and in some instances supposed themselves cured, but a short time, and only a short time, is required when they begin to see the folly of all this allurement—instead of being cured they discover themselves in a worse condition than at the commencement.

Your patient now returns to you for treatment, and you now have a double duty to perform, viz.: a broken down constitution, and all the blunders of the impostures to shoulder. A few days since I received a letter from a lady patient of mine, stating that she had been taking medicine from one Dr. Price, of New York, for more than a year, for a local trouble that she had been suffering from for a long time. She was very modest and did not like to mention the subject to me, but read one of his books, which at once convinced her all that was necessary was just to describe her symptoms by letter, and he would restore her to health, and in this way no one would be any the wiser of her disease. Well, to cut a long story short, after a year's patience, trial, and all her money gone, she discovered her condition to be worse than at the beginning of treatment. I took particular pains to warn the young lady never to allow herself again to be drawn away by reading such books and advertisements, and it would now become her bounden duty to warn her lady friends from ever pursuing the course she had taken, and impress it on their minds that all those physicians who go

Digitized by Google

into general advertising are not honest with the profession, and if they are dishonest with the profession, why not in like manner with their patients? Their motive is solely to make money, and if they will stoop so low as to prostitute their profession, which has honored them with the title of doctor, what honor have they now left that would protect the poor, innocent and confiding patient? why, none at all. With them it is your money and your life. The former they make sure of, and the latter the friends can look after, if they have any. I admit they do at times perform cures, and why shouldn't they, since their education among the best of them is only on a par with the ordinary practitioner. They write, or have written for them for the press, fine spun yarns which sounds very plausible to the poor, afflicted ones, whose eyes of course it is intended to reach, which soon entices them to give the famed doctor a trial, and in this way are entrapped in the snare laid on purpose to catch them; the like of which a regular and conscientious physician would not be guilty of. It would be far more honorable to be caught in a den of horse-thieves, who understand in the beginning that their avocation is a disreputable one, but assume all risk, than stain the name and fame of our honorable profession.

Methinks I have seen in the Peoria daily prints notices from certain physicians located in that city of wonderful cures they were performing daily, by remedies only known to themselves, sometimes occupying nearly half a column in a very conspicuous place, that everybody who reads could not help but see it. They claim that their offices are crowded from early morn till night with the afflicted, and their charges, necessarily exorbitant, for their secret remedies have cost them large sums of money, and remedies too that are very potent, such as we who are trying to follow a legitimate calling are in total ignorance of. I noticed only very recently in the daily print an article from one of those same styled authors of secret remedies, that he had now just procured a remedy that was a sure cure for neuralgia and headache, the like of which was never known before to the civilized world. One dose was all that was necessary in many cases to stop the pain. Now why couldn't this same prostitute have been honest for once, and said in the same breath, as it were, that every intelligent physician in the land was cognizant of the same fact, and that the same article could be had at most any drug store in the city? No, this would not do, for if he should utter such a truth as this he would at once place himself on a par with honest men of the profession, and thereby injure his special calling in humbugging the poor and unwary, from whom he exacts their last cent of hard-earned money, and possibly be under the necessity of stating that others are in possession of the same knowledge. His charm would vanish as well as all of his other hypocritical tricks, used in dodging the path of truth and veracity. These loud sounding notices that are

Digitized by Google

constantly appearing in the Peoria dailies, as well as in other daily and weekly papers of the country, puts me in mind of some of our farmers in the rural districts, who have fine stable horses that they desire specially to attract the attention of those who are lovers of fine horses, giving in detail the fine points displayed in this one, and the fine qualities in the other, etc. Now then, the difference in the two callings is this, viz.: The latter is following strictly a legitimate business, upheld and endorsed by all the horse fanciers of the world as well as occupying a prominent place in the leading stock journals of the country; but the former, to carry out his point, goes into a wholesale prostitution of his profession, and ready at any time to sell his "birthright for a mess of pottage," slurring the name of the profession that first gave him the right to practice his profession, else he never could have faced the world under the name and title of a physician.

Such individuals would turn traitor to their Saviour, and sell him out, had they the power to make the transfer.

ART. II.—**Urinalysis.** By H. C. HOPPER, M. D., Galesburg, Ill. Read before the Military Tract Medical Society, May 10, 1881.

In urinalysis we find one of the most reliable and trustworthy means in making a diagnosis, not only of the urinary organs but affections of other parts of the system; yet perhaps there are no other means so generally neglected. Its importance can scarcely be realized until its investigation has been once adopted. It solves the indefinite question of diabetes mellitus; it confirms the dropsy of Bright's disease; it comes to our relief and forewarns us of the approaching danger of acute tubal nephritis, of convalescing scarlet fever. By carefully watching the urine we may often-times prevent serious lesions in these cases. By the nitrate of silver test we may comfort ourselves by the sign of convalscence in pneumonia, as is shown by the return of the chlorides in the urine.

Again it may be of value in making a diagnosis of feigned diseases, of spinal cord; as injuries of this kind are followed by an abundant deposit of the triple phosphates. By careful testing the lack of the urates may be detected, and forewarn us of the dangers from uremic poisoning.

The microscope is of great value in these examinations, to complete that step that urinalysis cannot reach. The chemicals may deposit and crystalize, but the microscope alone can see them. However, the cost of a good microscope is too expensive to be indulged in by all, still this will be no reason to excuse us from the chemical analysis, as in this the chemicals and apparatus are trifling, and being no great task to learn some of the more important tests, every one should know and practice them,

Digitized by Google

thus greatly lessening the "random shooting with shot-gun prescriptions."

Illustrating the significance of this mode of investigation, I have here some specimens of urinary calculi for analysis. They being of a somewhat doubtful nature, this analysis will be of value as rendering a verdict regardless of the history. Although of no great importance in this case, yet they serve to illustrate the principle of a deferential diagnosis and the appropriate treatment, which in many cases could be obtained in no other way, to be adopted.

This is certainly a very curious specimen, and one I have never as yet seen the like of, nor can I find mention of the same in any of the works treating on the subject. These specimens, as you will observe, are of a steel gray color, hard in consistence, of a uniform shape and the size of homœopathic pellets.

A short history of the case as first presented, is as follows: The patient, a male, aged seventeen, came to the office with these small stones, saying he had passed them while making water. At first he was unable to make water, until quite an effort had been made, when something seemed to give way and they came out with a gush, after which he had no trouble relieving himself. He further said he was in the habit of sometimes making as many as a dessert spoonful at a time. Also, that this occurred every once in a while, and in all had passed a good many. His health was not very good, but was able nevertheless to prosecute his studies. He was then attending school, but the effort of studying made his head ache and made him dizzy. His nights were harassed with dreams, preventing him from sleeping well. He was pale and thin, nor ever was vigorous, but more typically a "gelatinous child from albuminous parents."

The calculi in appearance resemble more nearly the oxalate lime, but to find their true character I have applied the following chemical tests:

There are only four kinds of the calculi that are found in the human subject's urine as a general rule. Others, as the carbonate of lime, xanthine, cystine, etc., are sometimes also found there, but they are so rare that we scarcely think of them while making an analysis. These four consist of uric acid, the uric compounds, the oxalate of lime and the triple phosphates. These are all that we have to deal with. Now the uric acid deposits are insoluble in hot and cold water, but soluble in the alkalies, potassa, soda and ammonia, after which if these solutions be treated with acetic acid the crystals will be deposited in a few hours. The uric acid compounds, consisting of acid sodium urates, acid potassa urates, acid calis urates, acid ammonia urates, are much more insoluble than the uric acid, but rapidly dissolve like the uric acid in the alkalies.

The oxalate of lime deposits are insoluble in both hot and cold water, the alkalies and acetic acid, but soluble in the min-

Digitized by Google

eral acids.. The triple phosphates, ammonia, magnesia phosphates, and phosphates of lime, are like the oxalate of lime, insomuch as they are soluble in the mineral acids, and not soluble in the alkalies, and unlike the oxalates; soluble in acetic acid.

Now I find on applying these tests that these deposits are soluble both in potassa and nitric acid, and insoluble in cold water and acetic acid. Therefore it cannot be uric acid or its compounds, as they dissolve in the acids; neither can it be oxalate of lime, nor the triple phosphates, as they readily dissolve in the alkalies and not in acetic acid.

Still not satisfied with this conclusion, I push my tests still further and find my first step to be with the flame. If I find a residue after burning over a spirit lamp, I apply then the murexid test to the original sediment. This test consists of dissolving the sediment in nitric acid, afterwards evaporating and adding a drop or two of liquor ammonia, which will produce a beautiful purple color if uric acid be present. If purple color appears, I test further for uric acid, urate of soda, potash, lime and magnesia, but if no purple color appears I again apply the flame, which if it melts the deposit, it is either ammonia, magnesia phosphates or phosphate of lime. If it does not melt I further test for oxalate of lime and phosphates of lime.

Still if there be no fixed residue after the flame, it may yet be urate of ammonia or uric acid; but the murexid test develops no purple color, thus excluding these from the test, and leaves xanthine and cystine to be examined for. But again the nitric acid disproves their existence. Thus my chemicals all give me negative proof, and in the same language declare them not to be urinary calculi.

Failing in this resource of investigation, I turn to another in the hopes of finding something positive through the unfailing eye of the microscope. Pulverizing some of the deposits I saturated it with acetic acid; then placing it under the microscope I observed granular matter, epithelial debris, and faint outlines of epithelial cells.

Thus by my tests I find there is no proof of urinary calculi. Further, I find by the microscope these deposits to be of animal matter. The burning or heat test developed the fact that they swelled up and burned like the animal tissue as a piece of fibrous tissue.

At this period I inquired further into the history of the case and found that his story was not altogether reliable. He admitted to have scraped these deposits from out his bed. That he was in the habit of masturbation frequently, and had had the gonorrhœa twice. Taking all these facts into consideration, viz: That my chemical tests have proved them not to be urinary calculi; the true import of the history of the case; the irritation from frequent masturbation, as well as the evil effects from gonorrhœa. The gushing way in which he admitted them

Digitized by Google

to have *been born*, and lastly, the verdict of the microscope, certainly lead us to conclude they are in some way a product of the seminal vesicles. To say the least, it is fair to suppose that the irritation of the seminal vesicles has something to do with the epithelial debris, forming neuclei along with mucous deposits, and perhaps a contribution from the testicles. However true this may be it is merely a conjecture, but one thing proved beyond a doubt is, that they are not urinary calculi, and if anyone can explain a more rational source than I suggest, I shall be happy to listen to them, for I am certain the case is not altogether without interest or frequency.

ART. III.—**Rupture of the Drum-head from a Box on the Ear—Recovery Complete.** By A. S. CORE, Quincy, Ill.

Conservatism is one of the most essential virtues that a physician can be endowed with, if he will only practice it.

I present a case that was left entirely to nature, a complete cure being the result, where, if medical interference had been instituted in the case, such as is set forth in the text books, and followed out to the letter, the injury would have been aggravated and recovery prolonged, and probably the result not near so satisfactory.

Mr. J., age twenty-two, called on me one afternoon last February, for consultation, stating that in the morning, with a companion, he had been indulging in the innocent amusement of "boxing," and that his antagonist had struck him a rather severe blow on the left ear, and since then there had been a ringing in the left ear, together with a smarting pain in the same.

Status præsens.—Patient has had no dizziness or vertigo since receiving the blow, but his countenance wore the expression of pain and anxiety. My watch was heard in the right ear, normally (distance five ft.) in the left ear hearing was reduced to a little less than half.

Otoscopic examination of the right ear showed it to be normal. In the left the membrana tympana presented a clean straight incision or fissure, about one-eighth of an inch (three mm.) in length, the center of the wound behind the insertion of the handle of the malleus, the direction almost in the vertical plane extending into the posterior superior and posterior inferior quadrants. The edges of the fissure were moist, but no hemorrhage had occurred. When I directed him to perform the Valsalvian method the air whistled through the fissure and forced through a thin serous substance, making the edges more moist but not enough accumulated to form a drop. The surfaces adjusted themselves perfectly when the middle ear was not inflated, and nothing was visible save the dark thread-like

Digitized by Google

fissure. The external meatus was in a dry condition, with some impacted cerumen adherent to the sides, the healthy cerumen being suppressed. The posterior pharyngeal wall was covered all over with a dense coating of muco-pus, upon the removal of which the surface presented a granular condition. The posterior parts of the turbinated bones showed no hypertrophy; the tonsils showed a slight hypertrophy. The patient denied ever having had any aural disease, that he never noticed even the slightest impairment in his hearing; has had most of the diseases incident to early life, but no sequela has followed any of them.

The throat is very susceptible to cold and is sore if he gets the least cold. His business is such that places him in acid fumes more or less of his time, and he assigns that as the cause of his throat troubles. I advised perfect quiet, removed the impacted cerumen that was adherent to the walls of the external meatus and lubricated them with vaseline; informed him in order to cure the catarrh he would have to make direct application to the parts; he thought it useless to treat the throat in order to cure the ear, and had nothing done with the throat, but resolved to give up that part of the work that placed him in contact with the acid fumes, and consent to use an astringent to gargle the throat.

One week later I saw him again, the subjective symptoms having disappeared, hearing having increased to about two-thirds. The fissure in the membrana tympana perfectly healed. About five months later I saw him again. Patient thinks he hears as well in the left ear as in the right ear—h. r. $\frac{60}{60}$, h. l. $\frac{45}{60}$; membrana tympana considerably retracted; at the right of the former fissure was a dense cicatricial tissue, radiating from below upwards, both Eustachian tubes are open and free from secretion. The left membrana tympana shows an increased concavity of the whole membrane, foreshortening of the manubrium and increased prominence of the short process; no change of color in the membrane is manifest. The pharyngitis still exists, but has greatly improved, although he has not given up his vocation yet.

ART. IV.—**Fracture of the Pubis and other Injuries.** By N. HOLTON, M. D., Smithville, Ill.

On Sept 18, 1880, the horses ran away, overturning the buggy and threw Mrs. H. violently to the ground. Being at hand I took her to the house and immediately examining her injuries, and found a fracture of the pubis at the symphysis, and a fracture of the ramus of the pubis and ischium from the right of illiac bone. Also a fracture of the left clavicle at the outer and middle third, and a larger and irregular crescent shaped scalp wound in the right tempero-frontal region.

Digitized by Google

The fracture of the clavicle was carefully reduced and Fox's apparatus applied, which resulted in complete reunion. The pelvic fractures were reduced by careful external manipulation, coupled with vaginal, and a strong band applied around the pelvis. The scalp wound was dressed in the ordinary way with sutures, and kept constantly wet with two per cent. carbolized water. The position found most comfortable was upon the back, but it was necessary to bandage the knees together. The legs were flexed and supported by bolsters, and extension was prevented by a suitable support at the foot of the bed. It was soon found that the pelvic band caused so much pain it was removed and finally the knees were left free.

There was slight laceration of the urethra as indicated by bleeding, swelling and retention of urine. There was necessity for the catheter for a week only, after which the urine was passed naturally. There continued to be some blood mixed with pus for several weeks. The vagina was filled with a carbolized linseed meal poultice rolled in a soft, thin gauze, and a wash of:

℞	Acidi carbolici,	3 drachms.
	Glycerini,	3 ounces.
	Tannin,	1 drachm.
	Aqua pura,	4 ounces.

M. Was applied to the lacerated urethra. At intervals, several times in the twenty-four hours, there would be times of great nervous depression, which (after trying several different kinds of medicine) was found to be best and most promptly relieved by the use of quinia sulphate and whisky. This was used promptly and frequently when depression appeared.

She was kept upon her back for sixty days, on a smooth hard mattress, and whēn necessary to move her she was very carefully moved on a strong blanket, sliding her from one side of the bed to the other. The discharges from the bowels were kept up by means of injections and mild laxatives and diet, and no other medicines used but temporarily when indicated. Opiates affected her unfavorably from the first, and were withheld. I am of the opinion that they are used much too liberally as medicine, and surely by habit.

The interest of this case exists in the fact of the great danger of such injuries, and in the infrequency of bony union in pelvic fractures, there being no interruption to her recovery. The fact that she was thrown with such force to the ground as that the weight of the body should crush the pelvis, for most fractures of this kind are caused by pressure from both sides, as by the bumpers of cars, or by the falling of banks of earth, coal or other substances, and are generally fatal. For these reasons it was thought worthy of record and not on account of novelty of apparatus, or treatment of any kind. The only merit was in the best of nursing and attention to every little minutia of treatment as indicated in a careful and prompt

Digitized by Google

manner, and keeping the bones in close apposition. I have practiced medicine a long time and I do hope physicians and surgeons will give their attention to little things more than they do, for it is such kind attention that makes confinement endurable.

ART. V.—**Imperforate Hymen.** By H. S. HURD, M. D., Galesburg, Ill.

In April last I was applied to by Miss K., who gave me the following statement: While between fourteen and fifteen years of age she began to develop into womanhood, by enlargement of the breasts and the usual signs of puberty, and from what persons of her own age told her was the case with *them*, expected the menstrual flow, but as her health did not suffer, the matter passed along from year to year without giving serious alarm. She is now about twenty years of age, average size and flesh, and fair complexion, not an unhealthy appearance, except slight lack of clearness of the skin and want of vivacity in her motions; might be called of bilious temperament.

About two years ago a physician was consulted who put her upon iron and emmenagogue medicines, but as that did not bring relief, another was consulted, who also put her on tonic treatment and advised an examination, but through modesty and fear had never submitted to one. Last April, at the earnest solicitation of her father and her own knowledge of its necessity, she consented. The parts were so contracted and tender that a satisfactory examination could not be had without the aid of anæsthetics. While under the influence of ether, I found that the index finger met with a somewhat firm but yielding membrane. The resistance was so great that I expected to be obliged to use a trocar to perforate it. By using strong force, (with the index finger) near its upper portion, I succeeded in thrusting it through, and lacerated the membrane so as to admit two fingers, which were carried as far up as could be reached, and yet finding no os or signs of an uterus. The blood flowed freely as soon as the sack was opened, and at this juncture, the effect of the ether having passed off to a great extent, it was not renewed, but as soon as safe had her sit on a vessel, and about one quart of blood and urine passed within five minutes.

In an hour or two she expressed herself as feeling relieved of the pressure of which she had for a long time suffered. The fluid which passed off was not of a grumous character, but thin and as well oxygenated as ordinary venous blood. This patient resides one hundred miles away, and I have not heard directly from her since in May, when she informed me that she felt better, but had not menstruated since her return, which was within a few days of the operation, and about four weeks after her return home.

Digitized by Google

My belief in this case is that there is not a full developed uterus, and that the amount of retained fluid was not enough to account for one ordinary menstrual flow. I doubt if she ever or in ordinary quantity menstruates, and what will be the effect on her general health is at present mere speculation.

There is a lady in this place, now nearly fifty years old, who has never menstruated. Her health is not now, nor ever has been, robust, and yet for many years has not been confined to the house a day, and is in fair health. Her statement to me was that when eight years old she had scarletina so severe that her life was despaired of for many days, and when she recovered and arrived at the age of puberty, no development of breasts or other signs appeared. She was married at about twenty years of age and lives happily.

Translations.

Translations from the Vienna Medical Gazette. By O. J. ROSKOTEN, M. D.

A REMARKABLE CASE.

Dr. Kien, in Strasburg, Germany, reports a case of a singular muscular affection occurring in his practice. The patient, a porter in a hotel, otherwise strong and healthy, presents an excessive enlargement of all the muscles of his right upper extremity, including those of the hand and shoulder. A measurement of the right arm over the biceps, gives 38 centimeters (15 inches), while the circumference of the left arm, which is also very muscular, measures only 30 cm. (11 4-5 inches) at the corresponding point. The right forearm measures 34 cm. (13 2-5 inches) at its broadest part, the left only 30 cm. Every muscle on the affected side is nearly twice as large as in the left arm. The patient attributes his trouble to an extraordinary exertion which he made three weeks before in handling an unusually heavy trunk. Since that time he presents the following symptoms:

A progressive increase in volume of the right arm; a bluish discoloration over the biceps, a sensation of pressure in the parts affected, a diminution of muscular power and great fatigue on exertion. After waiting two weeks, patient consulted a physician, under whose treatment the extravasation disappeared and the size of the arm diminished by two centimetres; beyond this no impression could be made. Under any irritation, such as muscular exertion, washing with water or lotions, friction, etc., the arm becomes deeply red, which is not the case with the left arm. The circulation, however, is not disturbed. There is no oedema, no swelling of the subcutaneous areolar tissue. The

Digitized by Google

cutaneous sensibility, which was tested extensively, is not impaired.

What anomaly may the condition above described be referred to? Is it a pathological condition, caused by excessive muscular activity, or is it simply a physiological state, produced by the constant use of the right arm in preference to the left? Either of these two hypotheses may be defended, but Dr. K. is decidedly in favor of the former, for the following reasons:

1. The extravasation of blood and the inception of the growth of the muscles, occurred on the same day that the man overexerted himself.

2. The muscles, although very much enlarged, do not possess any more than half of their original strength, and are easily fatigued.

3. The examination of a great many trunk carriers did not reveal a difference in size of the two arms in any degree approaching that of patient above described.

Moreover, the fact that all the muscles of the member participate in the enlargement, goes to show that it must be a pathological condition, for if the work done by the arm in lifting a heavy trunk upon the shoulder, and then gently and slowly depositing it on the floor, be analyzed, it will be seen that all muscles are involved in accomplishing these acts, and it is easy to understand that in such a feat, too great for the muscular power of an individual, all muscles must be strained and suffer a traumatism.

What is the nature of the enlargement in this case? Is this swelling situated in the muscular substance proper, or in the perimysium, or in the vessels, or in all of these elements simultaneously? These are questions which could not be answered satisfactorily.

BICARBONATE OF SODIUM IN BURNS.

Dr. Troizki reports the most brilliant success in the treatment by bicarbonate of sodium exclusively of twenty-five cases of all grades of burns by fire. Even in very extensive burns of the second and third degrees, not only did the terrible pain soon cease after the application of compresses, soaked in a solution of the salt, but the wounds healed rapidly without much cicatrization, and without any disturbance of the functions of the parts affected. No disagreeable symptoms that might have indicated the absorption into the blood of carbonic acid gas from the bicarbonate were observed. Among others, Dr. T. gives the history of a very bad case, in which the burns covered half of the body, as follows: The entire face was denuded of epidermis, the hair singed; the anterior surface of the neck, chest, abdomen, and the feet presenting burns of the second degree. Third grade burns were found on the right breast and forearm, in both of which locations the muscles were laid bare as if their cover-

Digitized by Google

ings had been dissected off. Solution of bicarbonate of sodium was tried and the result was splendid, the pain disappearing, and healing being completed at the end of a month, except in the wounds on the breast and forearm, which required one month more. The cicatrices were insignificant, and the mobility of the fingers but little impaired.

Dr. T. uses the salt in three different ways, according to circumstauces:

1. Sprinkling of the pulverized saleratus upon the burnt surface.

2. Application of pieces of lint, soaked in a solution of the salt (1 part in 50 parts). The lint, when dry, is removed, immersed in the liquid and reapplied.

3. Application of lint as before, except that it is not removed, but remains in the wound and is kept moist by frequently dropping on it some of the solution.

The first method is sufficient only in burns of the first (mildest) degree. The changing of the moistened compresses (2d method) is especially indicated in burns of the third grade with abundant formation of pus. In replacing the pieces of lint, the pus on the surface of the ulcer should be carefully removed by irrigation, lest some of the decomposing matter be absorbed.

The third method is used only in burns of the second grade. In these cases a frequent renewal of the dressing would irritate the wound, cause an increased production of pus, and thus retard recovery. The beneficial influence of the bicarbonate of sodium, according to Dr. T., is due to its anæsthetic, antiseptic and disinfectant properties, which it owes to the carbon dioxide, so easily liberated from it.

Dr. T. has tried other antiseptic and disinfectant remedies, but has come to the conclusion that they all are very much inferior to the sodium salt. It would be dangerous to dress a large surface with some of these, f. i. carbolic acid; the majority of these substances disinfect the secretions of the wound very well, but unlike the sodium, bicarbonate retard the healing; nor do they produce that degree of anæsthesia so desirable, which is attained by the use of the sodium bicarbonate.

CHLORATE OF POTASSIUM IN THE HEMORRHAGIC DIATHESIS.

According to Dr. Harking, we possess in potassium chlorate a means of increasing the amount of fibrin, and hence of increasing plasticity of the blood, at the same time acting as a stimulant to the contractile power of the arterioles and capillaries. Given alone, or in combination with iron, it diminishes or checks altogether the various manifestations of the hemorrhagic diathesis. Dr. Harking, in a practice extending over twenty years, proved its efficacy in hemorrhage from the bowels, hæmophilz, epistaxis, hæmaturia renalis, puerpura hemorrhagica, menorrhagia, metrorrhagia, hæmatemesis and hæmoptysis.

Digitized by Google

Clinical Lectures.

ART. I.—**Chronic Follicular Enteritis.** Delivered at the Hospital of the University of Pennsylvania, May 1, 1880. By WILLIAM PEPPER, M. D., Professor of Clinical Medicine in the University of Pennsylvania. Reported by WILLIAM H. MORRISON, M. D.

This lady's case is one of long standing. I bring her before you in connection with the case of the man who insisted that he had a snake in his stomach, in consequence of having from time to time passed membranous casts from his bowels. A case of obstinate dyspepsia with membranous enteritis. I told you I would have a few words to say in regard to these different types of chronic bowel trouble. I do not know that they could be gathered togather under any one name, but I shall show you illustrative cases of each type, and so you will get an idea of them all.

Let us take, for instance, this lady; a case of chronic follicular enteritis. She is 56 years old. She has resided in the South, but there is no reason to suspect much malarial trouble. She has suffered severe reversals of fortune. She has always been of a nervous temperament, and this has been aggravated by the circumstances to which I have alluded. An indulgent husband, who has humored all her whims and done all he could for her, has gradually brought about a condition of excited nervous sensibility, which, at times, almost amounts to hysteria. She has now gained considerable control over herself. The menopause occurred at the age of fifty.

Two years and a half ago her general health began to fail, she lost flesh, grew pale and weak, and had light attacks of catarrhal diarrhœa. This is quite a common history. There is a slow breaking down of the general health, gradually the power of resistance being reduced and the general health lowered; the system becomes so sensitive that after a little exposure to cold or damp, after eating some indigestible article of food, there will be a profuse secretion and a little diarrhœa. These attacks at first last only a few days and do not come very frequently, but as the system becomes more and more broken down the tendency becomes more and more marked, until there is produced a condition of almost constant diarrhœa. We find a progressive failure of general health, and with this the development of this morbid sensitiveness of the nervous system.

The diarrhœa takes different forms; sometimes it remains simply a flux; a discharge too frequent during the day, sometimes containing portions of food, but not containing mucus or bile or any other evidence of ulceration. The diarrhœa may last in this way for many years, ten, fifteen, twenty years, without any evidence of intestinal ulceration. Simply a state of

Digitized by Google

chronic catarrhal inflammation with enlargement of the follicles and weakness of the muscular coats of the bowel.

In other cases we find that ulceration ensues, and when these fresh attacks occur there are fresh crops of little ulcers. In such cases there will be a little discharge of blood in the stool, and the microscope will show crystals of hæmatin and broken down corpuscles.

In other cases we do not have blood, but mucus. It is not necessary to have ulceration in order to have mucus, for we all know there may be a profuse discharge of mucus from the nose or throat without any ulceration; but the follicles of the mucous membrane of the bowel are very prone to become enlarged, and if the disease is of long duration there is reason to think that small ulcers have formed.

In some cases the patients pass plugs of false membrane. They will tell you that they occasionally pass something like a skin. What our other patient thought was a snake was one of these membranous flakes. You see in these bottles specimens of these plugs. Perhaps most commonly they are in the form of casts of the intestine. I have seen them fifteen inches in length, and large enough to put over my thumb. More frequently they are not so large as that. In other cases they are solid plugs. I have now a case under treatment in which solid plugs are passed which are about three-sixteenths of an inch in diameter, and three or four inches long. I know of no portion of the bowel from which they could come except the vermiform appendix.

In these cases of membranous enteritis there must be some spot of the bowel where the follicles are enlarged and are secreting a thick, glutinous material, which slowly undergoes a low degree of organization. I have had sections of these made, and I have found them to be fibro-cellular in character, with blood vessels passing into them, so that Dr. Formad has been able to trace newly formed vessels passing from the intestinal loops into these plugs.

In all these cases the general health fails, the patient loses flesh, becomes anæmic, and there is a marked loss of tone, so that the patient becomes excessively sensitive. This condition is nearly always associated with a high degree of a nervous element, so much so that I have seen intense spinal tenderness, exaggerated reflex excitability, depression of spirits, hysterical attacks, and attacks almost epileptiform in their nature, in these cases of long standing bowel trouble, particularly when there has been ulceration or the formation of this membrane.

To return to our patient. In this case her health had become thoroughly broken down by these attacks of diarrhœa, which at last became chronic. With this there was evidence of ulceration, I think, of the lower bowel. There was tenesmus, the passage of blood, mucus and occasionally membranes.

Digitized by Google

There has been here the most marked evidence of relapses, which have been brought on from time to time by the most trifling causes, and we cannot treat these cases with any hope of success until we grasp fast hold of this idea. This is not a chronic disease whose lesions are incurable, but it is a condition of the system in which the local lesion is unable to get well, because, from time to time, by the most trifling causes, fresh attacks are produced, which attacks make the patient weak, increase the local lesion and put the patient back. The degree to which this sensitiveness becomes developed is almost inconceivable. I have frequently seen such patients so sensitive that they could not put their bare foot or leg outside of bed in the morning and keep it there a minute without immediately having sharp pain in the abdomen and a fresh attack of diarrhœa; but if they put on their stockings and drawers before getting up, they will escape the diarrhœa. I have seen the same diarrhœa produced by the patient passing from a temperature of 70° to one of 60°. I have met with a score of cases which I was not able to cure until I got down to these minute details of practical life; and until you grasp this truth you will never get your patient well. No drug, no diet will alone cure these patients. You must associate with it an attention to details the most minute, the most laborious, and the most troublesome that I have ever met with.

These patients generally go the rounds of all the doctors in town. They go to one, get a little better, but soon a fresh attack comes, and they are as bad as ever. I began to treat this patient in the same half-hearted way. She got better, and then worse. I tried again, with the same result. I then told her that she would have to come to the hospital. There is no use dallying with these patients, for unless you begin and treat them thoroughly and radically you do them no good, and you lose credit.

She is now better than she was before she came into the hospital, but the treatment has been about the same as it was before she came, except that there has been more attention paid to general hygiene and the avoidance of disturbing causes. What is true of this case is true of all this sort of cases, and if you do not adopt this principle of treatment now, you will learn it by years of failure and worry over these patients.

Now as to the treatment; the condition being a complex one, in which there is loss of tone and power of the skin and of the nervous system, a state of muscular debility, and this condition of chronic inflammation of the mucous lining of the gastro-intestinal canal, our treatment must be addressed to the relief of these elements.

In the first place, as you will have gathered from what I have said, I consider rest, seclusion and good hygiene as the basis of all successful treatment. Such patients must be kept

Digitized by Google

in bed, either continuously or the greater part of the time, and allowed to get up for exercise under proper restrictions, on good days, at a certain period of the day, and for a definite length of time. Secondly. Here, as in the treatment of all chronic diseases, you must try to restore the tone of the skin. The more I labor to cure chronic diseases of the mucous membrane, the more am I impressed with the dependence of the mucous membrane of the gastro-intestinal canal, the internal skin, upon the external skin. Therefore, in these cases we use regular frictions, sponge bathing or inunctions, as we think best.

In regard to internal treatment: here, as in all mucous affections, diet is the most important element. It was only today that a man brought his son to me, in the last extremity, worn to a shadow, and so exhausted that his recovery is problematical, with chronic intestinal inflammation, ulcerative in its character. He had received excellent medical treatment, but his diet had been entirely neglected. He had received half a grain each of nitrate of silver and opium, three times a day, with broiled fish for breakfast, and as many apples during the day as he wished to eat. There is absolutely no use of medicinal treatment in these cases, unless it is associated with a thoroughly correct diet. This should consist of such things as lean meat, scraped, stale bread, soft-boiled eggs; some prefer milk, buttermilk or skim-milk, others, the farinaceæ, as arrow-root, granum, or some of the other prepared starches. There is another preparation which often does exceedingly well; that is a mixture of oil and milk. The old fashioned way was to take one-half pound of mutton suet, put in one quart of milk, and boil to a pint, with constant stirring. So much of the suet as rose to the top was skimmed off and taken warm. This can often be digested where cod-liver oil cannot be. It is, perhaps, an old woman's remedy, but I have known persons with chronic enteritis to cure themselves by taking it for a long time.

This item of food in chronic bowel troubles should be based upon the following principles: First, the food should be given at short intervals and in small quantities at a time; secondly, it should be of such a character as experience shows that the patient can perfectly digest.

We then come to medicinal treatment. We should attempt, in the first place, to allay the irritation of the mucous membrane. In many instances, as here, we obtain much better results from the injection of nitrate of silver into the colon than from the drugs by the mouth. In many of these cases the disease must be very low down in the sigmoid flexure, for injections of half a pint of thin starch-water, containing a small quantity of nitrate of silver, will produce a palpable effect. Here, weak injections will often do great good, and I warn you against beginning with strong injections. My own rule is to begin with one-fourth of a grain of nitrate of silver to the ounce, and

Digitized by Google

slowly increase it until I reach the tolerance of the bowel, which is different in each case. When there is evidence that the upper bowel is affected you may give, by the mouth, nitrate of silver, guarded with a little opium, associated with the extract of nux vomica.

I found at the last examination, that although the men were well prepared on all the subjects, yet some of them could not write prescriptions, because they had had no practical instruction in this branch. I propose, therefore, to write prescriptions on the blackboard, in order that you may become familiar with the proper combination of drugs and the proportioning of doses; but I beg that you will not copy them, for I do not believe that one man's prescriptions are good for another man's case.

If I wished to give nitrate of silver in this case I should combine it as follows:

℞ Argenti nitratis,
Pulv. opii,
Ex. nucis vomicæ, aa. 5 grains.
M. et ft. pill. No. 30. Sig. One after meals.

The nitrate of silver may be given until thirty grains have been taken.

Another good remedy, and one which I have used with success with this patient, is small doses of the sulphate of zinc, gr. $\frac{1}{8}$ to $\frac{1}{4}$.

There is often acidity in these cases, with heart-burn, and creasote associated with an alkali is often a valuable combination in the treatment of these chronic bowel troubles:

℞	Creasoti,		8 drops.
	Bismuthi subnitratis,		
	Cretæ preparatæ,	aa.	1 drachm.
	Acaciæ,	q. s.	
	Tinct. cardamomi comp.,	fl.	½ ounce.
	Aquæ,	q. s. ad. fl.	4 ounces.

Ft. mist. Sig. Dessertspoonful three or four times a day, in water.

I leave sugar out of these prescriptions. With this I should give a little opium, according to the number of the stools, either the deodorized tincture or chlorodyne.

These are samples of the sort of drugs which, joined with diet, hygiene, rest, and perhaps injections, will greatly relieve these cases; but I consider the most important treatment to be the general management of the case.

A word in regard to this exaggerated nervous sensibility. At one time it became so intense that I tried the application of the actual cautery over the solar plexus. This had an excellent effect over both her physical and moral condition. I told her that when she showed the same nervousness I should have to resort to the same treatment. This seems to have had a very soothing effect.—*Medical and Surgical Reporter.*

Digitized by Google

Periscope.

A Case of Hypodermic Injection in Nevus.

I observed a short article in the last number of the *Recorder* from a correspondent of the *Brit. Med. Jour.* on the danger of hypodermic injections of tincture of iron in nevus. I, too, have had some experience in the use of injections in nevus, though not with the iron. About three years ago, Mr. T., a young man about 20 years of age, came to my office and showed me a small watery excrescence on the end of his left index finger. He informed me that at times it bled profusely, and desired me to take it off. Without further examination or thought, I took my hypodermic syringe with a strong solution of nitrate of silver, perhaps three or four drops, and injected it into the nevus.

In less than five minutes he was suffering the most intense pain and agony; his hand and arm up to his elbow became white and cold; and for three hours we labored constantly, rubbing and bathing it in hot clothes. I finally succeeded in quieting him with morphine, and his father took him home. The next morning I had the mortification to see that two of his fingers were dead, the first and the second to the second joint, and I feared from his appearance that he would lose his arm if not his life. We did all we could in order to restore the warmth and color to his hand, but all to no purpose, for in less than a week the index finger (in which I inserted the solution) and the next one to it were black and dry as far up as the second joint, and his suffering for ten days was terrible. In eight weeks a line of demarkation commenced forming, and I had the *pleasure* of amputating the poor boy's fingers just above the second joint.

I censured, reproached and cursed myself and everybody else. Others had used hypodermic injections in nevus. I had used them before, with no unpleasant results, and why all this trouble? I could readily understand what was the cause of such unpleasant results; the solution had entered a small blood vessel, produced coagulation and thrombus, but it was too late to remedy my mistake. The community, I can assure you, gave me no credit for the matter, and the friends of the boy were advised to prosecute me.

The hypodermic syringe is a great favorite with me, but I do not believe I shall ever use it again in nevus with a solution of nitrate of silver, or tincture of iron.—*Dr. S. Hudson, in Ohio Med. Journal.*

Battey's Operation.

Dr. T. B. Wilkerson reports, in the *North Carolina Medical Journal*, a case in which he removed both ovaries. The patient was a young lady aged 19; of nervo-sanguine temperament. Menstruation began at 15, but ceased after nine months, the

Digitized by Google

patient suffering from nervous phenomena due to amenorrhœa. At 16 the menses returned, but accompanied with symptoms of severe neuralgic dysmenorrhœa. The continuance of these symptoms did not seem to impair the general health; appetite good, but bowels generally constipated. About the age of 17 she became morose and irritable, easily disturbed by the least noise—complaining of a dizzy, buzzing feeling in the head. She would break forth from this deep sombreness into wild, hysterical laughter, her conversation lascivious in character, disobedient to parents, finally ignoring mother and father, she became a raving maniac with the one sexual idea always in the ascendant. There was a destructive tendency manifested towards everything surrounding her. So wild did she become that moral restraint doing no good, physical restraint had to be employed. The operation for ablation of both ovaries was proposed, and agreed to. It was performed through an abdominal incision, the ovaries removed, the pedicles tied with carbolized ligatures, cut short and returned into the abdomen. The wound healed by first intention, and in three weeks had recovered from the effects of the operation. "There was a gradual change for the better in the mental condition; this improvement continued, and three months after the operation sanity was perfectly restored. She has remained perfectly well, and is now, nine months after, gay, lively, cheeks ruddy, and in the full enjoyment of a vigorous mental and physical health."

Treatment of Mammitis.

Dr. J. D. Smith heartily agrees with Dr. Corson in the application of ice to an inflamed or suppurating mammary gland, but claims that in many localities ice cannot be had, and gives the following as a substitute:

℞	Glycerine,	4 ounces.
	Fluid ext. belladonna,	1 ounce.
	Water,	1 ounce.
	Iod. potas.	1 drachm.

Dissolve the potass. in the water and add the other ingredients. I cover the inflamed gland with two or three thicknesses of old thin muslin and keep it constantly saturated with liniment. The belladonna arrests the secretion of milk by the gland and prevents further distension from that source. It allays nervous irritability and quiets pain, and thereby checks a further unnatural influx of blood to the part.

The glycerine depletes the gland by means of its well known endosmotic action. It passing through the skin into the gland and the thin serum of the blood passing out to take its place. It not only depletes the gland, but when by its endosmotic action it enters the circulation of the part, it stimulates the capillaries, and aids powerfully in bringing about resolution.

Digitized by Google

Not only so, but it is an arrester of fermentation, and if an arrester of fermentation, may it not, by means of this same property, when it enters the circulation of an inflamed mammary gland, just ready from excessive heat and distension, to break down, disentegrate, or suppurate, tend to arrest such disintegration or suppuration, and by its antiseptic virtues assist in restoring the tissues of the part to a healthy condition? The iodide of potass. held in solution by the water and glycerine, goes with the glycerine in its endosmotic travel and assists in bringing about the desired resolution. The arrest of the flow of milk by the belladonna is no objection to the treatment.

Whenever the gland is restored to a healthy condition and the use of the belladonna is stopped, the milk will either flow naturally again or can be made to do so by a few applications of the child to the breast. This will the more certainly be the case however, if the general health of the mother is looked after, as it should be during the treatment of the mammitis.—*Southern Practitioner, July*, 1881; *pp.* 203, *et. seq.*

Importance of Anal Fissure in the Treatment of Diseases of Women.

Dr. R. S. Sutton, in the *Medical and Surgical Reporter*, calls the attention of the profession to anal fissures, as giving rise, by reflex influence, to many pelvic troubles, the cure of which depends upon the relief of the fissure.

Among the maladies treated for in this way, he mentions: vaginismus, spurious ovaritis, neuralgia in ovarian region, pains along the sacrum and spine, and various hystero-neuroses. Irritability of the bladder, simple and complicated with hyperæmia of the lining membrane, mucosa urethræ, with prolapse of the same at the meatus externus.

From the law of reflex action he deduces this proposition: *Any irritation applied to the sphincter ani muscle will or may produce reflex phenomena.*

After relating several cases cured by treatment directed to the fissure he concludes as follows:

Fissure patients are, in my experience, habitually constipated; the movement of the bowels is never free or complete, but impeded by the spasm of the sphincter muscle; residual fæces remain, the rectum and colon become engorged. The mechanical pack acts like a tourniquet on the veins, and the blood is held back in the pelvis; the result is a constant hyperæmia. The pelvic cavity is encroached upon, and the cervix and body of the uterus is crowded toward the symphisis, and, in turn, by malposition, anal fissure increasing the impediment to the already crippled circulation, the vagina and uterus and urethra become hyperæmic; leucorrhœa, vaginal and cervical, will now appear.

Digitized by Google

Sooner or later, through the medium of the hypogastric plexus, the functions of the stomach and lower digestive tract, with its associate glands, become disturbed; meanwhile over-distention with fæces and gas have impaired the muscular force of the colon. Reflex irritation will now pervert normal spinal sensibility into irritability, with often accompanying cephalalgia, and, to crown the picture, hysteria "hangs over all." Such a patient I have seen, morbid and reticent, retired and gloomy, plagued by thoughts of eternal damnation, and hopeless, in the present or future, until cured of her anal fissure. But time admonishes that I must finally redeem my promise in reference to a new cause.

It is this: *Partial Laceration of the Female Perineum.* In my first paper I stated that I had found seven cases of fissure in the female for one in the male. I can now tell you that in unmarried and sterile women fissure is scarcely more prevalent than among men. But in women who have borne children and who have sustained partial laceration of the perineum, the affection is very common. Why? Because the female who has lost the perineal body has lost much of her power to unload her rectum, and will suffer from constipation, which will often result in fissure.

Why has she lost this evacuating power? The perineal body, a wedge between rectum and vagina, supporting both, is gone. The support given by the body, antagonizing the diaphragm and abdominal muscles is lost. This body, the antagonistic force of which is so essential, has been dissolved by a separation at its former centres of the transverse perineal muscles, and by the detachment of a tolerably fixed point of a portion of the levatores ani, the office of which is, during fecal evacuation, to shorten the rectum and to antagonize superior forces. A female thus crippled will suffer from constipation, pelvic hyperæmia, hemorrhoids and fissure; this, in turn, to hurry her on into a condition calling for both your skill and sympathy.

The Sanitary Examination of Water.

There is no operation in practical chemistry which the physician has more frequent occasion to perform than the examination of well water. The whole modern theory of the origin and spread of disease lays great stress on the agency of vitiated air and contaminated water. Hence water analysis is of quite as much importance to the practitioner as urinalysis or toxicology. Unfortunately, physicians as a rule, are not in the habit of making such examinations; and for the good and sufficient reason that they have never learned how.

The quality, good or bad, of a well or spring water, was formerly supposed to depend upon the mineral matter which it

Digitized by Google

4. *Ammonia.* Nessler's Reagent.

Iodide of Potassium	2 drachms.
Distilled Water	1 fluid ounce.

To this solution add gradually a saturated solution of bichloride of mercury until the red precipitate produced ceases to redissolve. Add one-half ounce of caustic soda dissolved in water to make four fluid ounces. Let stand and decant into a glass-stoppered tube.

Fill a test tube nearly full of the water to be examined, and add three or four drops of the reagent; a yellow or brown color, or a brownish precipitate indicates ammoniacal salts. A curdy white precipitate indicates only that the water is hard. If the coloration be marked it is a very suspicious circumstance; and if a colored precipitate appear it is almost enough of itself to condemn the water. It is an indication of animal pollution, especially from sewage, and in shallow well water shows that the contamination is of recent occurrence.

By percolation through the earth and by exposure to air, the ammonia in water is converted into nitrates and nitrites. The presence of these, therefore, in the absence of ammonia, indicates a more remote pollution, and that the water is undergoing, or has undergone, a process of natural purification.

5. *Nitrates.* To a test tube nearly full of the water, add a small crystal of copperas, and shake until it is partly dissolved; then holding the tube inclined at an angle of forty-five degrees, pour carefully down the side a few drops of strong sulphuric acid. A purplish or brownish color around the crystal of copperas indicates nitrates.

6. *Nitrites.* Reagent.

Iodide of Potassium	5 grains.
Distilled Water	1 fluid ounce.
Acetic Acid	5 minims.

Before using, add a few drops of fresh starch paste. Iodide of potassium often contains iodate; in that case the starch will produce a blue color at once, and the reagent must be made anew from a pure sample of iodide. To a test tube of the water add two or three drops of the reagent. If nitrites are present a blue tint will be produced. The presence of nitrites in spring and deep well waters is without significance; but in shallow well or river waters it shows a probably recent contamination with sewage, and that the water is scarcely fit to drink.

7. *Chlorine.* Chlorine occurs in water chiefly in the form of common salt. It is itself therefore of no consequence; but it is one of the most reliable tell-tales known to chemists. Sewage contains a large proportion of common salt derived from liquid excrement, giving on an average 11 parts of chlorine in 100,000 of water. Human urine contains 500 parts of chlorine in 100,000. Whereas, unpolluted water, except near the sea or salt bearing strata, seldom contains more than 5 parts of chlo-

Digitized by Google

rine to 100,000. Therefore excess of chlorine is an almost unmistakable evidence of sewage contamination. "The condemnation of water," says Frankland, "because it contains more than five parts of chlorine per 100,000 is rarely unmerited; while on the other hand a water containing less than 1 part of chlorine per 100,000 may with great probability, be declared free from sewage contamination."

To make this indication of much real value, the chlorine must be quantitatively estimated. Fortunately this can be done with comparative ease. The reagent is a standard solution of nitrate of silver.

Nitrate of silver fused,	24 grains.
Or nitrate of silver crystals,	25 grains.
Distilled water,	8 fluid ounces.

This should be prepared with the greatest possible care and accuracy. Rain water caught in clean vessels will answer for this and for other purposes of water analysis. No milkiness or opalescence should appear when the nitrate of silver is added; and no sediment should be formed after standing. If a sediment appear, the reagent is weakened and its indications will be too high. It is best to order this reagent prepared by some competent chemist. One drachm of the reagent will precipitate .078 grains of chlorine, or the amount in two ounces of water, if it contain five grains of chlorine per wine gallon.

To exactly two ounces of the water to be examined add two or three drops of solution of bichromate of potash which has been made yellow with ammonia. Then add the reagent from a minim glass drop by drop with the constant stirring of the water. Each drop as it falls forms a red spot which disappears. Continue until a permanent red tint is imparted to the water; the process is then completed. If 30 minims of the reagent have been used, the water contains 2.5 grains to the wine gallon, or nearly 4.5 parts in a 100,000, and is suspicious. If a whole drachm has been used, the water contains five grains of chlorine per wine gallon, or nearly 9 parts in 100,000, and should be unhesitatingly condemned.

Of course a well showing excess of chlorine should be carefully examined to determine whether it is accessible to sewage, drainage from cesspools and privies, or even to dish water and house slops.

INTERPRETATION OF RESULTS.

If Nessler's reagent gives a coloration but no precipitate, and nitrites, nitrates, and chlorides are absent, the water is soft and fit for use, the ammonia being probably of vegetable origin.

If ammonia, nitrites, and chlorides in excess are all present, the water is unfit for use.

If Nessler's reagent gives a large precipitate without color, chlorides are in excess, and nitrates, nitrites, and organic matter absent, the water is hard but fit for use.

Digitized by Google

If nitrates and nitrites are present, and ammonia and chlorides absent, the water is fit for use.

If nitrites and chlorides are both present in excess, the water should be regarded as very suspicious, even though ammonia be absent.

The processes above detailed are simple in themselves, and require no chemicals or apparatus which cannot be procured at any drug store. If the reagents, test tubes, glasses, etc., are in readiness beforehand, the examination of a sample of water need not usually occupy over fifteen or twenty minutes. By a judicious application of some or all of these tests, the physician can determine with sufficient accuracy whether the water is fit for use, or unfit, or of doubtful purity. In the latter case the well or source of supply should be promptly closed, and the water, if possible, submitted to a competent chemist for exhaustive analysis. For the water we drink should be, like Caesar's wife, above suspicion.—*Charles R. Dryer, M. D., in Ft. Wayne Journal of Medical Science.*

Microscopical Examination of Blood in the Diagnosis of Disease.

For the purpose of these investigations, M. Hayem recommends the use of a cell thus constructed: a thick plane glass slide has a disk made on it of about 4 mm. in diameter; the rest of the slide is silvered; a small drop of blood is placed on the disk and is covered by a thin cover-glass, so that a layer of uniform thickness is obtained. A little saliva placed round the edge will prevent any evaporation.

When blood is treated with a mixture of 200 grammes of distilled water, one gramme of pure chloride of sodium, five grammes of sulphate of sodium, and half a gramme of pure bichloride of mercury, the blood-corpuscles are separately isolated and distinguished from the other constituents. The fibrine then breaks up into two distinct groups.

Perfectly normal blood, thus treated, shows the following reactions: At the moment when it coagulates it is traversed by a very delicate network of filaments. If at the moment of coagulation a reticulum of thick fibrillae is seen, we may be sure that we have indications of an inflammatory lesion, and the modifications in the processes of coagulation are due to the extent and intensity of the inflammation. Pyrexia is not accompanied by any appreciable modification of the fibrine; but when fevers are complicated by inflammatory process there are such modifications. In small pox they only appear with the suppurating fever; in scarlet fever and scarlatina the fibrine only augments at the period of desquamation. So again, in typhoid and intermittent fevers the so-called phlegmatic characters only appear when the disease is complicated by inflammation.

Digitized by Google

When cachetic conditions are not the results of chronic diseases, which bring about inflammatory lesions, the reticulum of the pure blood generally remains invisible, or is obscure, notwithstanding the unusual abundance of haematoblasts. Examination by the aid of the solution already described shows, however, that the fibrine is allied; in advanced cases one often observes the so-called "plaques cachectiques," due to the infiltration of the haematoblasts by a finely granular substance, which points to a qualitative change in the characters of the fibrine.—[*Royal Microscopical Journal.*]—*The Microscope.*

Correspondence.

"A Second Daniel Come to Judgment."

Editor Peoria Medical Monthly:

The article in your July number entitled "Confusion Worse Confounded," while it contains many truths, seems to me to be in error in so many points and so behind the age as to merit a friendly criticism.

While nothing can be said in extenuation of the adulterations so common in food and drugs, still I think the writer carries it too far in saying, or implying at least, that all the modern improvements are frauds and advocate the return to the old *regime* of jalap and rhubarb. Only add the lancet, calomel and blistering and you are back to the school of fifty years ago.

What would our agricultural friends say to a return to the old wooden mould-board plow? or threshing their grain by tramping it out with oxen, as our ancestors did? It seems to me as absurd to strike out all the new and elegant pharmaceutical preparations that have deservedly grown into such general use. I think the use of medicines of more attractive and palatable forms has taken the strongest argument from the humbug of homoeopathy, "that the medicines of the regular school were so nauseating and disgusting as to prevent their being taken by many." Can there be any progression in medical science if a routine practice is established aud the same remedies used from generation to generation?

The doctor says, "It is our duty to prove all things and hold fast to that which is good." In this I agree with him, but how are we to know which is good if we condemn them all in this wholesale manner? Many of the new preparations are comparatively unknown and untested, but is it the part of a progressive practitioner to condemn them in a body and refuse to try any and everything until somebody has demonstrated the use of it? What progression would be made if all should adopt this course? Is it not like learning to swim without

Digitized by Google

going near the water? "Is rhamnus purshiana better than jalap or rhubarb?" I think that the majority of physicians will uphold me in saying that in cases of chronic constipation it is *far* superior. "Is rhus aromatica equal to hydrargyrum bichloride in diabetes?" I think it is fully equal in diabetes inspidus, and superior in cases of incontinence of urine, but in diabetes mellitis neither have given very flattering results.

Yerba santa is certainly equal to potassium iodide in cases of laryngitis and bronchitis of non-specific origin, and has none of the unpleasant effects. If the laryngeal trouble arose from "specific" origin we would not think of relying upon yerba santa, but in that case the potassium iodide would have the preference. "Is daminana entitled to prominence as an aphrodisiac?" I think so. Have heard it highly spoken of by physicians who have prescribed it, and in one case in which it was used the patient's husband said it was a good thing, but some time afterwards met the doctor and said, "Doctor, I think my wife is better, but for the Lord's sake don't give her any more of that medicine." Jarborandi is, I think, an excellent diaphoretic and sialogogue. Of "tonga, lippia mexicana and such," I know nothing, not having used them, but I see that Dr. Sydney Ringer has recommended tonga in cases of neuralgia, and that proves it worthy of a trial, at least.

Now, let me ask, isn't the doctor decrying remedies without having given them a fair trial? Now in regard to fluid extracts. I apprehend as much dependence can be placed upon the goods of first-class chemists (as Parke, Davis & Co., and others that might be mentioned) as upon the crude drugs, obtained at the drug stores, which have been kept in stock for an indefinite time and deteriorated from age and exposure. What guarantee has the doctor that "our own pharmacist" may not be seized with the same desire to make the most of his stock and run the fluid extracts or tinctures out "pretty thin?" Honesty is not confined entirely to the "rural districts." If we find that we are being imposed upon by any manufacturer it is easy enough to decline to use their goods. But don't condemn the whole class because some dishonest persons have gone into the business. The doctor asks, "Will twenty-two drops of fluid extract of ipecac produce emesis?" It will in some cases, but we don't always use ipecac as an emetic. If the crude drug is the most certain emetic, why, use it, but when we desire it as an expectorant I think we can get as good results from the fluid extract. Some portions of the doctor's arithmetic are amusing, and show carelessness hardly excusable in an article written for the benefit of the medical association. There are only 437½ grains in an ounce of quinine (instead of 480, as he gives it in his article) as it is put up by avoirdupois weight. But a physician or druggist would show very poor judgment that bought 500 two-grain quinine pills for $10, when the same amount of

Digitized by Google

quinine would have cost more than that. He might be certain that he was buying something substituted for the more expensive article. It would seem as though the doctor desired to be humbugged. Still more ridiculous is the gentleman's statement that fluid extract of cascara sagrada declined 200 per cent! It would cause a school boy to smile I think. It wouldn't make much difference what price was asked for the goods if they made a discount of even 100 per cent., I would like to lay in a large stock of drugs on those terms. It makes me think of a small boy that came into a drug store the other day and said, "Say, mister, have you got anything to sell for nothing?" Any one of ordinary intelligence can see that 100 per cent. discount means taking it all off, and that 200 per cent. discount is equivalent to giving a man a dollar in money for taking a dollars worth of goods. I've never been able to buy goods on such favorable terms.

The doctor asks, "Who ever saw a case of real phthisis cured with cod liver oil or extract of malt?" Echo answers, "Who?" But who ever saw a case of "real phthisis" *cured* by any drug? But in some instances these remedies give a certain amount of relief, and even if it is temporary should we discard them until we find something of more value? Again, he says we should rely wholly upon sulphate of quinia, and discard all other preparations of peruvian bark. In some cases quinia sulphate is undoubtedly the best, but is that any reason why we should throw away sulphate cinchonidia, sulphate quinidia, sulphate cinchonia and cincho quinine, that in many cases act equally as well as the sulphate of quinia, and have the advantage of being much cheaper. The doctor mentions hypophosphates several times in his article. Our professor of chemistry taught us that there was no such term. He probably means hypophosphites. Let us endeavor to promote the general welfare of the profession and keep up with the march of improvement, so that the science of medicine shall take, as it deserves, the front rank among sciences.

Kewanee, Ill., July 26, 1881. F. L. HINSDALE, M. D.

Book Notices.

Diagnosis and Treatment of Ear Diseases. By ALBERT H. BUCK, M. D., Aural Surgeon to the New York Eye and Ear Infirmary; Instructor in Otology in the College of Physicians and Surgeons. New York: W. Wood & Co., Publishers; Cloth; 412 pp.; 1880.

The aim of the author, as stated in the preface, has been "to present in text-book form a picture of diseases of the ear as they have appeared to me in private and hospital practice," and to describe "only those methods of treatment which I have

Digitized by Google

tested and found both safe and efficient." And excellently well, in our opinion, has this been done.

With sufficient description, both atomical and physiological, to make plain the author's ideas upon the subject; the work reads like what he says of it—"a picture of diseases of the ear." The reader is not troubled with theories, but only what the author has seen and done, and we think this as high praise as we can bestow upon it. Among the various chapters, are examinations of the patient, diseases of the auricle, diseases of the external auditory canal, methods of examining the middle ear—diseases of the middle ear; non-purulent and purulent forms, diseases of the mastoid process, etc., etc. Where necessary, illustrations have been used to make plainer the text, and nothing has been spared to add to the value of the work.

A Handbook of Physical Diagnosis, Comprising the Throat, Thorax and Abdomen. By DR. PAUL GUTTMAN, Private Docent in Medicine, University of Berlin, Translated from the Third German Edition, by ALEX. NAPIER, M. D., with a Colored Plate and Eighty-nine Wood Engravings. New York: W. W. Wood & Co.; pp. 344.

The high reputation enjoyed by Dr. Guttman in this branch of medical science, makes this work peculiarly acceptable to the readers of Wood's library. There is no single work on this subject known to us, that has the range of this volume. Besides the very full and complete chapters on the examination of the lungs and heart, it includes others, as follows: Examination of the abdomen, by inspection, palpation, percussion and auscultation; examination of the excreta, including urine, vomited matters and intestinal discharges; with an appendix devoted to laryngoscopy and laryngoscopic examinations, and a brief review of diseases of the larynx.

A prominent professor of diseases of the chest remarked to us a short time ago, "I consider Guttman's physical diagnosis as one of the best, if not the very best on the subject," and a careful reading of the book confirms to us his favorable opinion.

A Treatise on Diseases of the Joints. By RICHARD BARWELL, F. R. C. S., Senior Surgeon and Lecturer on Surgery, Charing Cross Hospital; Second Revised Edition. W. W. Wood & Co., New York; 1881; pp. 464.

This is the third volume of the library of standard medical authors for 1881. It has been rewritten especially for this series, and will long be the standard work on this subject of diseases of the joints. It will be a most valuable addition to the library of every practitioner.

Notes on the Value of Carbo Hydrates as Food; and the Physiology of Starch Digestion. Trommer Extract of Malt Co., Tremont, Ohio.

This is a brief but comprehensive review of the subjects indicated, and includes the most recent and authoratative investigations upon the subjects of which it treats. Amongst the

Digitized by Google

authorities referred to we may cite, Ludwig's *Arbeiter*, Pfluger's *Archives*, Wœhler's *Organic Chemistry*, Lehmann's *Physiological Chemistry*, Wagner's *Archiv fur Physiologische Heilkunde* (Griesinger, Roser, Wunderlich and Vierordt); A. Payen's *Precis Theoretique et Pratique des Substances Alimentaires*, Miller's *Elements of Chemistry*, vol. 3; Garngee's *Physical Chemistry of the Animal Body*, Dr. Parke's *Hygiene*, Pavy *on Food and Dieteties*, Frankland, Fick and Wislicenus *on Origin of Muscular Power* (*Philosophical Magazine*), Hassall's *Food—Its Adulterations*, etc., etc.

A chapter is devoted to proving the especial adaption of barley for malting purposes, "its superiority depending partly upon the peculiar structure of the grain, and partly upon the greater solubility of its nitroginous principles." The chief point, however, is that barley yields a larger quantity of diastase than any other grain, which principle constitutes, if not the essential, at least the most valuable feature of malt extract, in a medical point of view. The position taken herein is in accord with that of Prof. Roberts (author of Therapeutics on Starch Digestion), who says, "In malted barley we have at command an unlimited supply of diastatic power." Dr. Roberts further claims that "the proper medicinal value of malt extracts must be held to depend upon the amount of diastase which they contain."

The pamphlet is notable for its comprehensive treatment of the subjects, within small compass, and will well repay perusal. It will be forwarded (free) upon application to publishers.

PAMPHLETS RECEIVED.

Ether Death: A Personal Experience in four cases of Death from Anæsthetics. By John B. Roberts, A. M., M. D., Lecturer on Anatomy and on Operative Surgery, Philadelphia School of Anatomy, etc., etc. Reprinted from the Philadelphia *Medical Times*, June 4th, 1881. pp. 12.

Report to the Illinois State Medical Society on Laryngeal Tumors. By E. Fletcher Ingals, A. M., M. D., Lecturer on Diseases of the Chest and Physical Diagnosis, etc., Rush Medical College, Chicago, and Professor in Woman's Medical College. Reprinted from the Chicago *Medical Journal and Examiner*, July, 1881; with illustrations; pp. 23.

Stenosis of the Larynx, with Fibrous Adhesive Bands of the True Vocal Cords; Tracheotomy, Rupture of Bands, and Cure of Stenosis by General and Local Treatment. Also, Some Remarks Concerning the Value of the Galvano-Cautery in Treatment of Diseases and Growths of the Naso-Pharynx. By W. H. Daly, M. D., Senior Physician to the Western Pennsylvania Hospital, etc., etc. Reprinted from the Transactions of the American Medical Association, Vol. XXXI, 1880; pp. 12.

Digitized by Google

THE PEORIA MEDICAL MONTHLY.

EDITORS:

DR. J. MURPHY, DR. J. L. HAMILTON, DR. H. STEELE.

THOS. M. McILVAINE, A. M., M. D.,

Managing Editor and Publisher,

304 South-Jefferson Street, - - - - PEORIA, ILL.

*** All exchanges, books for review, and communications must be addressed to the Managing Editor and Publisher.

Editorial Department.

President Garfield's Attendants.

The readiness with which several of the President's physicians have responded to daily interviews on the subject of his wound and their treatment of it, certainly invites criticism. From the hour of the shooting to the present time, the case, as reported in the daily press, has been full of interest. Not a little indignation has been excited among medical men by the conduct of the physician whose name appears first in the bulletins, Dr. Bliss. And no explanation whatever has yet appeared as to the manner in which he was given, or assumed, charge. His reputation in the profession is not of the very best, and certainly his conduct and utterances in the present case have not added to his fame. He seems to be so totally overawed and overjoyed by the fact that he has the President for a patient, that he has lost his senses. His statements are almost invariably contradictory, and his course has been vacillating in the extreme. To the honorable line of conduct which should characterize every physician, he seems to have paid no attention whatever. The case was first seen by Dr. Townshend, but he was dropped. Dr. Baxter had been the President's physician for several years, but Dr. B. refused him admittance to the sick room, and accused him of trying to sneak in and get the case out of his (Bliss') hands. As to those associated with Bliss, Dr. Reyburn was entirely unknown up to a very short

Digitized by Google

time ago, though we must say that he seems to be the most honest one of the lot. Drs. Barnes and Woodward are widely and favorably known, but rather through their literary and official work, than as brilliant practical surgeons. Dr. Bliss' statement that "if the President was an ordinary patient, he would not have so much anxiety," is a strange one. If he was not prepared or possessed of enough stamina to treat him as he ought to have been treated, he should have resigned, or rather, have been kicked out of his position. The case ran along very smoothly for some time; they had concluded that since the "liver" was not penetrated, that all would be clear sailing, and Bliss was able to say he "had the case well in hand and would conduct it to favorable termination," when suddenly febrile symptoms increased, a chill occurred, pus stopped flowing. Something must be done, but only Agnew and Hamilton could do it. No matter how urgent was the demand that the pus be evacuated, Bliss was not the man to do it, and they must wait for the consulting surgeons to take charge and make the operation. We are glad to see that the family and friends of President Garfield now insist that either Hamilton or Agnew shall be with him until all danger is past. Had this been done sometime ago the public would have been better satisfied. At the present time the bulletins are more favorable, but it looks funny to see Agnew's or Hamilton's name following those of Bliss and the rest. We would like to be informed as to the present status of Bliss in the Medical Society at Washington. Concerning the treatment of a number of prominent physicians by Bliss, we quote from the July number of *Walsh's Retrospect*, editorial:

From the above brief statement of facts we draw these conclusions: 1. That Dr. Bliss was not the President's family physician, and by assuming formal charge of Dr. Townshend's patient, treated that physician with professional discourtesy, and violated the spirit of that portion of section 6, which reads: "When a number of physicians are simultaneously sent for, courtesy should assign the patient to the first who arrives. 2. Not being the family physician, but simply an accidental attendent, a position belonging to Dr. Townshend, Dr. Bliss, by refusing to permit Dr. Baxter, the family physician, to see the President, was guilty of great professional discourtesy, and grossly violated the spirit of section 5, which reads: "When a physician is called to an urgent case because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival."

Digitized by Google

We have no wish to dwell upon this disgraceful affair, but desire to call attention, as a bright contrast, to the forbearing and gentlemanly conduct of Drs. Townshend and Baxter. Dr. Townshend, not wishing to make a scene at the depot beside the supposed dying President, quietly permitted himself to be hustled by Dr. Bliss into a secondary position. Dr. Baxter, though he had the right to demand the immediate charge of his patient, simply requested Dr. Bliss to take him in to see the President. He had, upon reaching the White House, purposely refrained from going into the President's room without first seeing Dr. Bliss, and the only request he made of Dr. Bliss was that he should be taken in to see the President. The request met with insult, to which he gave the lie, and seeing the impropriety of further disturbance near the wounded man, he retired.

Just here a query suggests itself. At the consultation on Sunday morning, where Dr. Baxter first made his appearance, a second consultation was appointed for 7 p.m. Before that hour had arrived a number of the consulting physicians received, over the signature of Dr. Bliss, a circular letter of dismissal. Of this number were Dr. Townshend, *first in attendance*; Surgeon-General Wales, of the navy, whose advice at the morning consultation was, we understand, most timely; and Dr. N. S. Lincoln, one of our most prominent surgeons. Does it not seem singular that such men as Drs. Townshend and Lincoln and Surgeon-General Wales should be dismissed and distant physicians sent for about the time Dr. Baxter appeared upon the scene and asked to be taken to his patient? Were the dismissed physician of inferior talent to the gentlemen from a distance, or were they friends of Dr. Baxter? And is it customary for the attendant physician to inform the consultants that their services are no longer needed *between* consultations? Other questions equally pertinent might be asked, but we strongly suspect that Baxter's Banquo was too much for Bliss' Macbeth, and that is why the gentlemen were told to "stand not upon the order of your going, but go at once." We do not care to further discuss this miserable professional scandal which has been so unscrupulously attached to the great public calamity.

No Exception.

It is said that a man about to be married is hardly responsible for his utterances, and our friend Dr. Reynolds, of the *Med. Herald*, would seem to be no exception to the rule. In a late editorial he takes his readers into his innermost thoughts, and tells them all about it. He promises that "the *Herald* shall be no man's enemy. Whilst its independence shall never be questioned, its war department is hereafter and forever abolished.

Digitized by Google

Its presiding genius shall be 'peace and good will to all mankind.'" We heartily congratulate Bro. Reynolds on the happy event and wish him many years to enjoy life as it only can be enjoyed—happily married. Yet we will wait a year or so before we believe all that about the "war department," etc., etc.

The International Medical Congress at London.

This congress will meet August 2d, and continue until the 9th. Delegates will be present from every part of the world, making it truly International. A large number of eminent men from America have gone over to attend its meetings, and we are satisfied that America will be worthily represented. We have not seen a list of delegates from the American Medical Association, and would like to know who the official representatives from Illinois are.

Notes.

Dr. M. D. Tibbetts has removed from Chillicothe, Mo., to Pierron, Ill.

The conclusion of Dr. Murphy's article on Colles' Fracture has unavoidably been postponed until the September number of this journal.

Dr. A. J. Mitchell (Rush, '81) has located at Macedonia, Pottawattamie Co., Iowa, whence he writes us that he could not get along without the monthly visits of this journal.

Prof. W. S. Haines has received the degree of A. M. from Monmouth College. It is an honor worthily bestowed. Prof. H. has gone to Europe for a short vacation, and to attend the International Medical Congress at London.

"Where ignorance is Bliss 'tis folly to be Weisse," wittily remarks an exchange commenting on the President's physicians and the experiments of Dr. Weisse, who has been shooting into cadavers in the hopes of discovering the course and whereabouts of the assassin's bullet.

This is the way the Cincinnati *Lancet and Clinic* answers the (of late) oft-repeated question: "Oh! Bliss! What Bliss is this?" "Is this Cundurango Bliss?" "Yes, this is Cundu-

Digitized by Google

rango Bliss." "How did Cundurango Bliss come to this?" "About like this: When the President fell he turned immediately to Bliss, and oblivious at once of the extreme agony he felt, suppressing at the same time the shock of the peritoneal wound, he exclaimed, 'Bliss, my boy, you have known me from my boyhood; Bliss, take care of me.'"

We have received No. 1, Vol. I of the Ft. Wayne *Journal of the Medical Sciences*, a quarterly publication. This number contains 46 pages of original and selected matter. We think the price is too high, and that the journal will have much better success if it were reduced one-half or more; $2 is too much in this day of cheap literature.

The publisher desires to thank the large number of friends of this journal who have so kindly and promptly sent in the necessary amount for renewal of their subscription. It is highly gratifying to state that only two subscriptions have been ordered discontinued, and they were both from members of a different school of medicine.

The Chicago *Medical Review* doubts the existence of the "busy practitioner." Well, poor fellow-laborer of the *Medical Review*, we are sorry for you. Perhaps it is because you have so many co-editors that you have become lazy, or perhaps you are rich and don't have to be busy, or perhaps you have no opportunity to be busy. At any rate we are sorry for you, and hope some of our Chicago friends will give you a little something to do.

The professional card of the average Canadian practitioner is a curiosity to an American. We print a couple, taken from a small city daily paper:

"Dr. —— ——, M. D., M. R. C. S. Eng., L. R. C. P. Edin., L. M. Eng. and Edin., Resident Accoucher —— —— Hospital, London, Physician and Surgeon," etc., etc.

Here is another:

"—— ——, M. D., M. R. C. S. Eng., L. R. C. P. and L. M. Edin., L. M. K. and Q. C. P., Dublin, Physician and Surgeon," etc., etc.

The first number of the *Ohio Medical Journal* has put in an appearance. It is edited by Dr. J. F. Baldwin, of Columbus, assisted by four other gentlemen from different parts of the state, and is issued as the official organ of the Ohio State Med-

Digitized by Google

ical Society, to take the place of the yearly volume of transactions. We bid the new journal welcome, and hope the day is not far distant when other states will publish their transactions in the same manner; that is, in the shape of a monthly journal, instead of the annual volume that nobody reads.

An International Encyclopedia of Surgery is announced by William Wood & Co. It will be edited by Dr. John Ashhurst, Professor of Clinical Surgery in the University of Pennsylvania, and is to comprise six royal octavo volumes. Among the list of contributors are the names of over thirty Americans, nineteen English, four French, two German, and two Spanish surgeons; and it will be simultaneously published in the English, German, French and Spanish languages. It will be sold only by subscription at $6, $7 and $8 per volume. This will be a fine thing for those who can afford it, but we fear the large majority of practitioners will find it too large and expensive.

If the President's recovery is much longer retarded, there will be but little further use for medical journals, as the newspapers are giving daily essays on the subject of his wound, treatment, etc. Some of them combine science and poesy in a manner wonderful to read. For instance: "There are sleeping organisms in the blood which fever wakes at 102 degrees Fahr. Then death summons its drowsy cohorts in tiny legions for their ghastly work. But they have slept there since babyhood waiting for the signal. We begin to die when we begin to live. In all parts of the body are colonies of animalculae as independent of us as we are of the stars, but no more so. As complete is their organization as ours, and with as good a reason for existence, as clear an office, and possibly as bright a future. In the crystal chambers of that masterpiece of Nature, the eye, they revel or rest, living out like us their day. And more wonderful still, even they have parasites as dependent and as independent. All this we say we know, but we know it in that misty, hazy way we know the stars go round, because somebody said so, and nobody contradicted him." The author of the above is an Indiana man, and the only way it can be explained is, that he was taking his usual daily anti-ague medicine—whisky and quinine.

Digitized by Google

We notice that articles of incorporation have been granted to several Chicago doctors who propose starting a new medical college in that city, under the name of the College of Physicians and Surgeons. We wonder how they found out that another medical college was needed in Chicago.

"What would you give a patient who had taken a large dose of arsenic?" "Extreme unction," was the Irishman's prompt reply.—*Ex.*

It is a little remarkable that Bliss has not tried Cundurango on the President. It must have been a clear case of oversight.—*Peoria Journal.*

"Oh, give me anything made of beans," exclaimed a Boston man taken sick in the West, when asked what he would have to eat. They obliged his request. They gave him castor oil.—*Med. Advance.*

Some Things That May Interest You.

It is worthy of note that many articles in which are described obstinate uterine displacements, give credit to McIntosh's Natural Uterine Supporter as being the only one found to be of benefit. This fact is significant, and speaks volumes of praise for these instruments. The Galvanic and Faradic Battery made by McIntosh, is one of the neatest we have ever seen. It is elegant, light, and powerful, while the price puts it within reach of all.

We call the attention of those interested to the card of Dr. C. C. Sprague, on third page of cover. This seems to be a good chance for any one wishing to get right into a good practice.

In the front rank of manufacturing pharmacists stands the firm of W. R. Warren & Co. The pills made by this firm we can confidently recommend as being good, for we have used them and they have given entire satisfaction. The granules afford an easy method of administering remedies in small but repeated doses, and in an entirely unobjectionable form.

Prof. J. B. Marvin, in the Hospital College of Medicine, Louisville, Ky., writes to Battle & Co. that he has prescribed Bromidia during the last twelve months with most satisfactory results. He further says: "I esteem it the anodyne and hypnotic *par excellence*." Iodia, another preparation of the same firm, receives equally high endorsements from members of the profession.

The Seven Springs Iron and Alum Mass is not a pharmaceutical preparation, but is a natural product of old Mother Earth. In Virginia its use is very extensive, and it becomes rapidly popular wherever it has been tried. It is tonic, alterative and diuretic, and is regarded by many as superior to all artificial preparations of Iron.

The stock of Surgical Instruments carried by Colburn, Birks & Co., of this city, is as large as any in the West. You can get (through them) any article you may need at short notice, and we can guarantee, from personal knowledge, that you will be treated well.

Digitized by Google

THE PEORIA

MEDICAL MONTHLY.

VOL. II.—SEPTEMBER, 1881.—No. 5.

Original Communications.

ART. I.—**Colles' Fracture.** By J. MURPHY, M. D. Concluded from the July number.

There has been much divergence of opinion among surgeons respecting the influence which muscular action exercises in producing the peculiar displacements of the lower fragment of the radius, which so often forms a conspicuous and annoying complication of this fracture, that it is necessary I should specially refer to the subject. It must be remembered that the displacement is entirely, or almost entirely, confined to the detached carpal end of the bone, and that if muscular action has any agency in producing this displacement, it must be, or would most probably be, of a direct and positive character. Looking at the peculiar position which the detached piece or pieces assume, if that position is the result of muscular action, some particular set of muscles should be shown in a very definite manner to have produced it. Such a demonstration ought not to be difficult, and ought not to be delayed. Their existence and action should be shown. The peculiar nature of the displacements renders it difficult to conceive that they can result from indirect muscular action. The muscles producing it, if muscular action does produce it, must be inserted into the detached end of the radius; but as there are only two muscles attached there, neither of which I will demonstrate, can have any influence in producing the displacements, I am obliged to conclude that muscular action has no factorage in the matter.

The flexor and extensor muscles can have no power in influencing the position of the detached fragment, as they merely

Digitized by Google

pass over it without attachment. It is possible that the supinator longus and brevis may at the moment of the fracture produce a sudden supine motion of the shaft of the radius, just as the pronator radii teres and the pronator quadratus may effect a sudden motion in the opposite direction, but as both of those actions are wholely rotary, except the lateral action of the pronator quadratus, it is hardly conceivable that either of them are concerned in the peculiar displacement of the bone. If any bony displacement should occur as the result of this muscular action, it would not be of the character which is ordinarily present, but would be simply a change in the opposite surfaces of the shaft of the bone and its detached carpal end. The purely lateral action which the pronator quadratus can exercise in this fracture, can have no influence on the position of the lower fragment; as under any circumstances, it could only draw the upper part of the detached end of the radius a little closer to the ulna, and this only where the fracture occurs three-quarters of an inch or more above the articulation. If it is close to the articulation, or a little above the epiphysis, no lateral displacement in the direction of the ulna could occur.

The high authority which we have, that a very definite agency is exercised by the extensor muscles of the thumb in producing displacement of the carpal end of the radius, and drawing it up with the carpus on to the dorsum of that bone, ought to induce an exhaustive examination of the possible and probable action of those muscles. I have endeavored unprejudicedly to make that examination, and am unable to ascertain that the traction of the three extensor muscles can have any direct or indirect action in complicating the fracture, except a dislocation accompanied it. None of those muscles have any direct or indirect attachment to the part of the radius which is liable to be displaced in this fracture, and therefore it is difficult to conceive what agency they could have in accomplishing the displacement. Muscular action, except in the case which I am about to refer to, I believe has very little, if any, agency in complicating this fracture. That it has, is scarcely within the region of probability, and to go beyond that region is neither logical nor scientific.

If any muscular action produces any mischievous influence here, it is most probably through the supinator longus, which is inserted into the base of the styloid process of the radius. Acting as this muscle does in the axis of the forearm, it is not probable that it has any agency in the matter. If it had it would be to displace the lower fragment outwards, in which it would be antagonized by the action of the quadratus pronator.

The symptoms of this accident are usually sufficiently conspicuous to warrant the experienced surgeon in expressing a positive opinion regarding it; but not unfrequently it is impo-

Digitized by Google

litic or impossible to peril any such opinion. In cases where the fracture is from half an inch to one inch above the carpal articulation, where the lower fragment is not longitudinally fractured, and where the swelling is not considerable, a generally correct diagnosis can be formed, and a confident opinion may be safely expressed. In other cases, where the fracture is close to the articulation, where the lower fragment is broken into several pieces, and those pieces displaced perhaps in different directions, and the swelling and tenderness are very great, there should be great caution in expressing any positive opinion. In all injuries of the wrist the swelling is more considerable and the sensitiveness more acute than in injuries of a similar or kindred character occurring elsewhere. A case of Colles' fracture may be mistaken for a severe bruise or sprain, or for a mild sub-luxation of the wrist. In all of those other accidents affecting the carpal joint, the pain and swelling are equally great, and the deformity is equally as conspicuous as in Colles' fracture, occurring without any or much displacement, and they may be occasionally mistaken for that fracture, especially if the surgeon has had only limited opportunities of observing the latter accident. Hence the being able to discriminate between the various accidents affecting the wrist is not merely a matter of useless refinement in diagnosis, but also one of paramount practical importance.

Sub-luxation, if not considerable, and the swelling not very great, may be distinguished by feeling the edge of the radius protruding beyond the carpus, while the axis of the hand and forearm will be deranged by the hand being slightly bent either backward or forward, according to the direction of the sub-luxation, and also by the intense pain which is produced by attempting to restore the proper axis. In severe sprains and injuries of the wrist the swelling is always great, but it is generally uniform, and there is no derangement of the axis of the hand and forearm. Very little information can, I think, be gleaned respecting those injuries by the degree of motion which is present in the joint, as in all of them it is very limited and very painful. While then the surgeon may be occasionally embarrassed in forming a correct diagnosis of Colles' fracture, still in the majority of cases the symptoms will be sufficiently positive and conspicuous. While the pain, swelling and difficulty of motion are not greater than in the minor injuries to which I have been referring, we find that the swelling here has not the uniformity or puffiness which characterize them, but that on the contrary it is firm, irregular and undulating. "On looking at the injured limb sideways, a considerable dorsal prominence will be observed situated on the back of the carpus. Immediately underneath this on the palmer aspect of the wrist, opposite the annular ligament, there is a remarkable hollow, most distinctly marked at and confined to the radial side of the arm;

Digitized by Google

a little above this, on the lower part of the palmar aspect of the forearm, there is another rounded prominence not nearly so large or distinct as the one on the dorsal aspect. On looking on the back of the hand, it will be seen to be placed somewhat obliquely to the axis of the forearm, the ulnar border being somewhat convex, and the styloid process of the bone projecting sharply under the skin. The radial side of the wrist is, on the contrary, somewhat concave, appearing to be shortened." Everyone at all familiar with the accident will at once recognize the correctness of this very graphic description of the symptoms. I will merely add, that in almost every case the carpal fragment is tilted more or less backward, that the lower end of the ulna projects usually inward, but occasionally forward, and that the hand usually inclines to the radial side; this last symptom I have seen fully as conspicuously in severe sprains of the wrist.

The indications to be gleaned from the absence of crepitus are by no means positive. In cases where no apposition exists between the fractured surfaces—and this is not unfrequent—there can be no crepitus; in cases of impaction there is no crepitus; and where neither of those conditions exist, from the large amount of coagulable lymph which is early deposited around the fracture, in the neighboring tissues, and in the joint —as indicated by the early stiffness and tendency to anchylosis —there is an absence of any distinct crepitus. It is evident that great care and circumspection are necessary in discriminating between the different injuries to which the wrist and its vicinity are liable, and in many cases only lengthened experience will enable the surgeon to successfully analyze the symptoms which are present and profit by that analysis.

In all cases of this fracture the prognosis should be very guarded, and all expressions of opinion with reference to the result of the fracture should be given with extreme caution, as I believe there is no other surgical ailment more dangerous to the character of the surgeon, or more likely to entail personal annoyance and legal embroilments.

Before entering into a consideration of the treatment of this fracture, I may remark that all authorities are in perfect accord as to the meridian fact, that under any system of treatment heretofore adopted, a very considerable percentage of those cases eventuate in comparatively impotent hands—some for a year or two—while in others the organ is permanently disabled, and for many purposes is almost useless. How large the percentage is it would be difficult to even approximate; as I apprehend that many such cases are not reported—surgeons not being entirely exempt from the ordinary weaknesses of humanity; while other cases disappear, and their subsequent history is lost. Of all fractures, no other requires more skillful or more unremittingly careful treatment than this one. Remarks an eminent surgeon, "I do not know any subject on which I have

Digitized by Google

been more frequently consulted, than on deformities, rigid joints, inflexible fingers, loss of the pronating and supinating motions, and on neuralgic complaints, resulting from injuries to the wrist, and of the carpal extremity of the radius; one or more of those evils having been left, not merely as a temporary inconvenience, but as a permanent consequence."

Unfortunately in the majority of cases of this fracture the swelling is so great when the surgeon is called, that added to the extreme sensitiveness which is always present, it is very difficult to ascertain with any degree of certainty the exact character of the fracture. Under these circumstances, any persevering attempts of an active character to produce crepitus, or "set" the bone, are extremely reprehensible and probably uniformly mischievous. Such efforts can only aggravate the existing inflammation; and if the detached end of the radius is fractured longitudinally, will be likely to displace the fragments if they are not already displaced, or will aggravate the displacement if it already exists. All violent efforts at this stage should be avoided, as they can only result in destroying the prospect of future satisfactory union, and in abolishing the chance of subsequent reparation.

The first treatment which we should resort to in all severe cases of this accident ought to be purely antiphlogistic. While the swelling tension and extreme tenderness remains, we cannot manipulate successfully or safely. A dozen or more leeches should be applied to the carpal region, and reapplied daily for, if necessary, three or four days. The forearm should be kept lying on a soft pillow at an angle of twenty degrees, while to the swollen parts an active evaporating lotion should be kept constantly applied. The chief ingredients of the lotion should be muriate of ammonia, ether, alcohol and Goulard's solution. Those means should be supplemented by firm bandaging from the fingers to the elbow, wetting the bandage in the lotion before applying. By pursuing this treatment for several days we will abbreviate the inflammatory action, materially lessen the swelling, relieve the great ligamentous tension, and alleviate the tenderness which is always present in those cases, and thus have a favorable opportunity for a thorough examination of the parts. In order to further facilitate this examination, the patient should be put under the influence of chloroform, and kept under it, while the necessary manipulations for ascertaining the character of the fracture and bringing the fragments into position are being practiced. The higher the fracture is above the joint the less the risk is there of great displacement, and the less probability is there of the lower fragment being longitudinally fractured. The nearer the articulation the fracture occurs, the greater the risk of the detached end of the radius being comminuted and the pieces being displaced. This is the most

Digitized by Google

difficult case to manage; it occasionally baffles all our care and skill, and leaves the wrist and hand stiff and deformed.

In ordinary fractures, extension and counter extension bring the fractured pieces of bone opposite to each other, and renders coaptation easy. In this fracture, however, this object is not accomplished by those means, as there are no muscular attachments to the lower fragment which could give it any downward traction, while from its smallness no leverage can be exercised by it. Notwithstanding this, however, extension and counter extension are required to relieve the broken piece or pieces from all longitudinal pressure. While the patient is under the influence of chloroform, and while the requisite extension is being practiced, we must carry out the necessary manipulations to ascertain, if possible, the character of the fracture and the nature of the displacements. If the fractured articular end of the bone is half an inch or more in length and not fissured longitudinally, there is not usually much difficulty in learning its nature and getting it into position. If, on the contrary, it is short, comminuted, and the fragments displaced, the task of restoring them to position is one of the most delicate operations in surgery, and requires perseverance, tact, skill, judgment, and ambidexterity to accomplish. If we do not succeed in our first attempt at reduction and replacement, we must make a second and third one, and if necessary perseverance is exercised, our efforts will generally be crowned with success. If we can succeed in effecting a perfect reduction of the transverse fracture, or if we can accomplish a comparatively perfect coaptation of the pieces when the lower end of the radius is comminuted, there is not usually much difficulty in retaining them in position. Placed as the detached fragment or fragments are, between the opposing longitudinal forces of the shaft of the radius and the carpal bones acting in the same axis, and without any muscular action to disturb them, by the observance of perfect quietude, it is not probable that any further displacement will occur.

The question of splints in this accident has been a specially vexed one among the profession. Almost every writer on the subject has quarreled with every other writer's splints, and has exercised his ingenuity in conjuring up a new mechanical appliance. The text books are full of wood cuts of those splints, and the descriptions which are given of them and their mode of application, are both muddy and tantalizing to a man of ordinary comprehension. When we find a dozen different surgeons, recommending a dozen different splints for the same accident, and each of these splints is considered by its originator to be the only one capable of effecting a perfect cure, the only corollary we can draw is that the case is not one in which splints are demanded; and the cautious practitioner will either abandon

Digitized by Google

them entirely or use a very different splint applied in a very different manner.

What malign agency splints and bandages may have exercised in producing those deformities which render Colles' fracture a source of so much annoyance to the profession, I am unable to determine. I am firmly of the belief, however, that much mischief has resulted from their continued and indiscriminate use. The mode in which they have been used has certainly resulted in a series of disastrous failures. Would it not be judicious and business like to abandon, or, at least, greatly modify this practice? I have done so for a number of years, and although I am aware that the experience of a general practitioner in a provincial town, cannot be considered as furnishing a sufficient basis to found a new practice on, I am so well pleased with the results that I shall continue to abandon the use of ordinary splints and bandages in the treatment of Colles' fracture. After I have succeeded in reducing the fracture and in liberating and replacing the broken pieces (I do not pretend that it is possible to accomplish the latter maneuvre in every instance), I apply a many tailed bandage to the hand and forearm, opening it twice daily, and practicing gentle friction over the swollen surface, a treatment which is very efficacious in stimulating the absorbents and the cutaneous capillary vessels. I keep the patient's arm lying on a hollow tin splint of the proper shape and dimensions, and with the necessary expansion to receive the hand. This splint forms a sufficient segment of a circle to prevent the arm from rolling off of it, and is comfortably wadded with fine elastic cotton. No bandages are used in connection with it. On the fifth day I carefully lift the arm from the splint, and make very gentle passive motion in the wrist and finger joints, repeating this process and gradually lengthening the time occupied every day; at the same time sponging the entire hand and arm with alkalized water, and continuing the gentle friction.

Since I commenced using this practice, I have had no secondary displacements, and more creditable and useful hands. The period in which the arm should be kept in the splint, and a variety of details must be left to the skill and experience of the attending surgeon.

ART. II.—**Summer Heat and Summer Diseases.** By JEHU LITTLE, M. D., Bloomington, Ill.

The mercury in the thermometer has ranged higher, and for a longer period, this summer than any previous summer, according to the recollection of the oldest inhabitant of the Prairie State. It is especially the province of the practicing physician to note the effects of this excessive hot weather upon the health of the people. So far as the observation of the

writer has gone, the heated term has not caused any marked increase of summer diseases among children or adults. What the ultimate effects will be remains to be seen. It is believed by many physicians that an increased amount of sickness, in the near future, will result from the protracted hot weather. The cases of cholera morbus, cholera infantum, diarrhœa and dysentery, that have occurred, have not been more severe or fatal than common. People generally express themselves as feeling as well as usual. It is undoubtedly a fact that the temperature of every person during these hot days is from half a degree to one degree higher than his normal temperature. On last Thursday, August 4th, I very carefully took the temperature of ten men and three children. This was done between the hours of 10 o'clock A. M. and 4 o'clock P. M. The temperature of those taken in the forenoon, other things supposed to be equal, were not so high as those taken in the afternoon. The temperature of these persons ranged from a half to one degree above the normal temperature. They were all well, or thought themselves well, and they seemed to be in good health. It is a fact then, that the temperature of the atmosphere does modify the temperature of the persons living in and breathing it. In cold weather a person's temperature is below ninety-eight and a half degrees, and in hot weather it is above the normal standard. The books on physiology teach that the temperature of the animal economy is maintained at about the same degree of temperature in the winter and summer regardless of the temperature of the atmosphere. There is no absolute standard of health. Each person has a pulse, a respiration, and a temperature peculiar to himself. All the functions of all the organs of an individual may be accelerated or retarded and he be in good health. The food, drink, clothing, exercise, and the condition of the air, exert a great influence upon the animal economy in health and disease. If these things, and kindred subjects, were studied more, and drugs and medicines none the less by our physicians, it would be all the better for their patients. Health is not the result of chance, nor is sickness. The laws of nature are in force everywhere, and he who violates them must pay the penalty. It is the duty of the physician to study nature and her laws and interpret them to the people. Preventive medicine is now taking the place to which its importance entitles it. Summer complaints are of all diseases most preventable. Regulating the clothing and restricting the diet and drinks, etc., will prevent these diseases in most cases. Almost every case of cholera morbus, cholera infantum, diarrhœa and dysentery is caused by some imprudence in eating or drinking or to some exposure when the temperature of the air has suddenly changed. The treatment of all summer disorders should be very simple, and the more simple and rational the more successful. Seeking and removing the cause or causes, exciting and predisposing,

Digitized by Google

are of course the first things to be done. Abundance of pure, cold water should always be allowed to all persons. The diet should be simple, bland, nutritious, and not too liberal. Stale fruits, vegetables, and meats should never be used as food under any circumstances. There should be an inspector of these articles in every city and town, especially during the summer season. The hot weather affects fruits, vegetables and meats unfavorably, as well as the systems of men, women and children, and when these factors of disease are all on one side of the equation, the quantity on the other side will not long remain an unknown one, save only in its final results, and these in too many cases will not be long unknown. I desire to see more attention given to hygienics and sanitation, by the profession and the people, and less attention to dosing and drugging, to prevent and cure diseases. It is more beneficent and glorious to prevent a disease than to cure it.

ART. III.—**Hypermetropia.** By S. J. BUMSTEAD, M. D., Decatur, Ill.

How frequently persons of both sexes, from the age of 12 to 30 and 35 years, complain to their physicians as detailed further on, all medical men who read this will be able to determine for themselves. They usually report somewhat as follows: "Doctor, I am afraid I am going blind. A year or so ago I could see as well as anyone in the distance, and could also read without any fatigue, but now I cannot see my friends distinctly across the street, nor can I read the paper, even a few moments, without causing a violent headache, a blurring of the print, and even some nausea if the work is persisted in. I am so fearful I shall lose my vision, I hardly know what to do, and yet I am most afraid to have anything done for it, for fear I will lose my sight entirely, the eye is such a delicate organ to deal with, you know." Such a statement as this is no uncommon one, and as will be perceived represents a distressing case. It is almost impossible to make such persons believe that nothing in the nature of a disease has suddenly affected the eye, either externally or internally, although they admit that the appearance of this organ is not different from that of others whose eyes are free from all troubles. Unfortunatety these complaints are too often made to medical men who have no idea of such a difficulty as I am describing, and consequently do not appreciate the fact that others might be able to give relief, and when I have had such cases come to me after having for several years poured their complaints into the ear of the family physician, they have almost without exception promised them, if a youug girl, that upon the establishment of menstruation this would disappear, or if a boy, after the period of puberty was passed, all would be right. In this way the patient is encouraged to look forward to

Digitized by Google

a better state of affairs for several years, losing all this time, often from study, when had some competent person been consulted, the eyes might have been used as freely as the best. The moral I would like to point out is: if you will not understand this subject yourself, do not for your patient's sake adopt the "dog in the manger policy," but insist upon some one who is competent being consulted, or relieving you of any further responsibility. How can a man not fully conversant with the subject of refractive difficulties of the eye, get quickly an inkling of the character of such a case as I have described, is an interesting question to many, which I will try and answer. If you do not have Snellen's test type at hand, take any large print, and ascertaining the greatest distance it can be distinctly seen by the patient, preserve the same for future use. Then drop a strong solution of the extract of belladonna into the eyes, or preferably a two grain solution of atropia sulphas, and several hours after test the eyes again with the same type and same distance and light as before. It will be found that should any considerable degree of hypermetropia be present, the letters cannot now be seen at the same distance, not can any ordinary print be distinguished a foot or eight inches from the eye as before. Under such circumstances you could feel reasonably certain you had a case of hypermetropia to deal with, and not being prepared to correct it yourself, would understand the necessity of its being done by some one, and your patient would have the greater respect for your opinions, even if it should be found that astigmatism further complicated the case. Most physicians are aware that when an eye is normal in its refractive power and structure, it makes no active effort when viewing objects in the distance (20 feet and beyond) in order to see them distinctly. In this case the relation between the focusing power of the lens, and the antero-postero diameter of the eye is so perfect that in this passive state the lens forms perfect images upon the retina, and the focal power of the lens under these circumstances is about one-half inch. When such an individual then looks at an object only one foot removed or nearer, the lens has to deal not with parallel rays of light from the object as before, but with those very divergent, and in order to focus them upon the retina properly, and see the near object distinctly, an addition to the former convexity of the lens must be made. This is effected by the ciliary muscle of the eye, by its contractive squeezing, and making more convex the lens, thus increasing its focusing power over the rays, and forming a distinct image upon the retina. The case would be properly represented thus: Converting the half inch focus of the lens into lines makes the power equal a convex lens of one-sixth (lines), and if one then reads at eight inches distance the necessary addition by the accommodative power would be represented thus:

$\frac{1}{6}$ ($\frac{1}{2}$ inch) plus $\frac{1}{96}$ (8 inches) equals $\frac{1}{5\frac{1}{3}}$ lines.

Digitized by Google

Now the ordinary addition an adult person can make to the convexity of the lens is about that represented above, although young persons can do much more, especially when they are hypermetropic.

Now, suppose a case of hypermetropia where the antero-posterior diameter is so short that when looking in the distance the lens has already to add to its passive influence over the light rays, what is equal to the refraction of a convex lens of eight inches focus, or ninety-six lines. Here the difference is, that formerly a passive state only, was necessary for distance, now an active interference equal to a glass of eight inches focal power is a necessity to distant distinct vision. Then when such a patient seeks to view an object as close as eight inches, a further effort, in addition to that previously expended for distance, and again equal to an eight inch convex glass is demanded. We state it as follows in lines, to make it nearer the actual condition of the eye: $\frac{1}{96}$ plus $\frac{1}{96}$ equals $\frac{1}{48}$; or in inches, convex $\frac{1}{4}$, and this is the work such an eye must perform when it reads. Nature is, however, capable of much, and will even make this great effort and sustain it up to varying ages, according to the work put upon the eyes, or any illness causing weakness of the muscular system, when suddenly very defective vision ensues, and the patient fears blindness. It is rather simple when understood. Now, what is the remedy? I can almost believe it will come spontaneously from every reader, after the above explanation; that a glass which will just equal in focal power the convexity the eye makes itself when seeing distinctly in the distance, will be just what will relieve all the distressing symptoms, by enabling it to reserve all this power previously expended for distant vision, for near objects. Practically it is sometimes out of the question to correct all this hypermetropia, for the reason that the action of the ciliary muscle has become so co-ordinated with the action of the recti muscles in directing the visual lines upon an object, that they will persist in making some effort, even after it is rendered unnecessary by the proper glass being placed before it. When we fail, therefore, to set aside this action, by the repeated use of solutions of atropia, of the strength of from two to four grains to the ounce, a correction of part of the defect, by using weaker convex glasses than we know are really needed, will be the only practical solution of the difficulty, and will enable the patient to use these organs comfortably. After a few years, however, the stronger glasses will give further relief, because the older we get the less are we able to maintain extraordinary action of this muscle. Still later in life, say 60 years and upwards, an acquired hypermetropia usually begins to be added to that originally found, and is caused by a process in the lens which slightly flattens it, and possibly the cornea also, which will require still stronger convex glasses for perfect vision in the distance, as well as for close work.

Digitized by Google

When the case is one requiring in the later years of life such strong glasses as convex eight and even five to reach, or do any close work, the patient becomes unable to follow many occupations in life. The great thickness of the glasses gives very little breadth to the field of view, and although this can be somewhat improved by the use of a concavo-convex (periscopic) glass of the proper focal power, for many occupations such persons are too nearly helpless. Some of these cases when looking at an object close to them will turn one eye inwards (temporary convergent strabismus), but this does not usually become permanent when the degree of hypermetropia is considerable. The reason of this is that, by so doing a greater effect is obtained upon the ciliary muscle, and it is an effort in the interest of better vision. The numerous cases of strabismus convergens in children, are to the extent of 75 to 80 per cent. due to hypermetropia. The child quite early makes increased efforts of the ciliary muscle in order to see distinctly close objects, and by this turning in of one eye the power over the auxiliary muscle is increased, and at length it becomes permanent. If, however, the degree of hypermetropia is ascertained before the squint is permanent, and the proper glass prescribed, the danger may be entirely averted. When eyes are affected with this form of strabismus, the one so turned in always becomes more or less amblyopic from non-use, and this occurs because the perceptive centres of sight in the cerebrum refuse to take cognizance of the image received by this eye, because if so perceived objects must be seen double, and this is very annoying. This is at least the generally accepted explanation of this occurrence, and the youth of these subjects, in whom binocular singular vision has not existed long enough to have those deep-seated co-ordinate functions established that exist later in life, may furnish the real clue to this strange phenomenon.

For this reason, then, these cases should be operated upon early in life, that the greatest amount of useful vision may be preserved in the affected eye, as well as the stronger probability of obtaining binocular single vision in the future. I presume most physicians suppose that nearly all cases of convergent strabismus successfully operated upon, enjoy binocular single vision afterwards. The celebrated Von Graefe said 50 per cent. received this pleasure after the operation, but I hardly think the experience of others will bear out such favorable results.

ART. IV.—**Hygiene.** By W. V. GRIMES, M. D., Milton, Ill.

It is a matter to be deeply regretted that a subject so replete with interest and of such vital significance to every individual does not receive that consideration which its importance demands. It is a subject which concerns not only the health, happiness and welfare of every human being now in existence, but that of generations yet unborn.

Digitized by Google

For all ages the human body has been considered the completest and most complex organism in existence, and owing to this complexity it is more liable to become deranged in its workings.

Man does not spring Minerva-like into being, fully formed and armed for the conflict of life, but at birth is one of the most helpless and dependent creatures in the world; and from the first pulsation of life till the last sigh of death his very existence is dependent upon surrounding influencing circumstances. Whatever condition he is in—whether awake or asleep, in action or at rest—his body is subject to the laws which govern the material universe; and not only this, but there are also certain peculiar laws which pertain to and govern man as a physical being. These laws are in the very nature of things self-acting—carrying with them their appropriate rewards and penalties—pleasure constituting the reward of obedience to them and pain the penalty of their transgression; hence every thrill of joy we experience is the result of the observance, and every throb of pain we feel is the effect of the violation of the laws of our being.

Dr. John Ellis says in his "Avoidable Causes of Disease," that "by far the greatest portion of all the suffering, disease, deformity and premature deaths which occur, are the direct result of either the violation of, or the want of compliance with the laws of our being; calamities, which were the requisite knowledge possessed by the community, can and should be avoided."

Hygiene, in its broadest and most comprehensive signification, comprises a knowledge of all that tends to the preservation of life and health and the prevention of disease and death.

Health is the natural condition of the human body and may be defined as the natural or normal action of all its organs. Whatever interferes with or destroys any of these actions constitutes a cause of, and produces what we term disease. Death consists in a total suspension of these actions.

The necessary conditions of health are plenty of pure air and water, properly prepared food, sufficient clothing, exercise, cleanliness and a due restraint of all the passions.

These same agencies when perverted become the causes of disease—as breathing foul air, drinking impure water, eating improper food, taking too little sleep, wearing insufficient clothing, want of exercise, lack of cleanliness, and intemperance in all its forms.

The doctrine that "health and sickness, life and death are wise but mysterious dispensations of Providence," is false in fact and injurious in consequence, though preached from the pulpit and promulgated by the public. It originated in the ignorance, superstition and mysticism of the past ages, and is being driven out by the knowledge, science and common sense of to-day.

Digitized by Google

Neither health nor disease comes by chance or accident, witchcraft or sorcery, but is produced to a mathematical certainty by a specific cause. Scientific investigation has revealed the fact that diseases are not evil spirits in the body which can be driven out by charms, incantations and magic, nor entities which can be removed from the system by medicines, but are *conditions* that are produced by certain specific causes which operate in obedience to fixed laws as certainly as terrestrial bodies, when unsupported, fall to the earth in accordance with the laws of gravitation.

Health is the natural and legitimate result of obeying the laws of our being, and disease with all its sequelae are the effects of their infraction. Health aids in the accomplishment of every purpose, and disease defeats the loftiest aims and noblest endeavors. Wealth, enjoyment, knowledge and eminence attend the former, while poverty, pain, ignorance and degradation as certainly follow the latter.

The late terrible scourge which swept its devastating course over the south has stimulated such an interest in public hygiene as was never awakened before. Yellow fever, cholera, and other epidemics are no longer regarded as afflictions sent by God upon the people for moral sin, but are now attributed to their rightful source—the neglect of obeying sanitary laws.

Were all persons born healthy, surrounded by hygienic influences from their birth and the principles of hygiene thoroughly inculcated on their minds from childhood throughout their entire educational life, it is obvious there would be little need of physicians.

There is a rapidly growing demand for popular medical instruction in the form of books, lectures and periodicals. Europe is singularly ahead of us in the publication of popular medical literature, and yet, although the Americans are rapidly becoming awakened to its vast importance, there is not, to my knowledge, a work on popular medicine that I can recommend *in toto* to the public. It is true there are numerous works written ostensibly for this purpose, but it will generally be found on examination that they have been written by incompetent persons and almost invariably with the object of helping on some *ism* or *pathy*.

Although the medical profession sprang up to meet the requirements of human necessities, yet is engaged in a glorious work, which will relieve the public of the necessity of its existence. Even now, when accidents are frequent, disease rife, and death reigning throughout the land, Dr. Richardson, of London, says that the time is coming when there will be no need of a physician, because the popular medical knowledge will be sufficient to enable the public to dispense with his services. To attain this seemingly Utopian object will require centuries perhaps and herculean efforts.

"Yet I doubt not through the ages one unceasing purpose runs,
And the thoughts of men are widen'd with the process of the suns."

Digitized by Google

Translations.

Translations from the Vienna Medical Gazette. By O. J. ROSKOTEN, Stud. Med.

SKODA.

It was on the 15th of June, 1881, that the news of the decease of Professor Joseph Skoda, of Vienna, flashed over the wires to all parts of the civilized world, causing sorrow and regret wherever it went. In him the medical profession has lost one of its noblest, grandest and most illustrious representatives, a loss which was equalled only by that of his famous friend, Rokitansky, a few years ago. Great was the grief of Skoda when death robbed him of his dearest friend, but it was not long before they were reunited, in the mausoleum at Flernals, where they now rest side by side.

It was by the teachings of these two men that the false doctrines were refuted which held the profession in fetters for centuries, preventing its advance. It was they that opened the eyes of physicians to the light of truth, and led it to victory over the old, deep-rooted traditions from centuries long past.

Skoda and Rokitansky proved that old medicine was almost null and void, and that the last centuries have been so many years of empiricism, mysticism and fruitless meditation. It was they that reared out of the ruins of the old temple the magnificent edifice upon which modern medicine now stands. Hand in hand, the former at the bedside, the latter in the dissecting room, they developed the physical diagnosis of internal diseases, breaking down the old theories and dogmas, and replacing them by their own new and forever valid principles. With inexorable logic Skoda analyzed the physical laws governing the acoustic phenomena obtained by percussion and auscultation of the chest, explained abnormal deviations, introduced new terms to accurately designate those phenomena, and changed many terms already in general use. He taught many new symptoms characteristic of each disease, and, finally, demonstrated that disease is not something independent of or foreign to the body, but is a deviation from the normal standard, occurring in the body and developed from that organism itself.

But it is a mistake to believe that Skoda was solely a specialist in diseases of the heart and lungs, capable of diagnosing affections of those organs only. The public, it is true, adored in him mainly the expert in thoracic diseases, because they had heard of his great work on percussion and auscultation, and because even in theatrical performances Skoda was represented, with his stethoscope and plexímeter, as the deliverer from diseases of the chest; but we can safely assert that his chief merit is to be found, not in his developing his specialty, but in the exposition of the diagnosis of all internal diseases to which the human body is liable.

Digitized by Google

Anyone that will look through the last fifteen volumes of the *Vienna Medical Gazette*, in which the works of Skoda are recorded, will see that no European clinician could equal S. in precision, clearness and irrefutableness of diagnosis and line of treatment of internal disease. Not one of the innumerable articles from his pen in that journal, on whatever subject, is at this day refuted by anybody, this fact alone proving how reliable were his observations and how incontestible his conclusions.

He was not the inventor of percussion and auscultation, these methods of examination having been introduced by Laennec, but Skoda took up and broadened the teachings of Laennec into a system of physical diagnosis, based on anatomical and pathological observations, which to-day stand unrivalled.

Skoda's sufferings in the two years preceding his death were intense, and death could not but be welcome. The autopsy was made by Dr. Chiari, and revealed the presence of the following diseases:

Sthenosis and insufficiency of the aortic valves, with hypertrophy of heart. Fatty degeneration of the myocardium. Oedema of the lungs. Atrophy of the kidneys. Calculi in the right kidney. Gallstones. Obsolete tuberculosis of the apices of both lungs and of the bronchial glands. Senile marasmus.

ETIOLOGY OF PAROTITIS.

Judging from the well-known epidemic occurrence of mumps, and from the immunity which one attack confers against subsequent attacks, Drs. Capitan and Charrin, in Paris, suspected the infectious nature of the disease, and, in the expectation of finding evidence to that effect in the fluids of the body, they subjected the blood, saliva and urine of patients to a careful microscopic examination. In the blood they discovered bacteria in great abundance, most of them being of the spheroidal, some of the rodlike variety, but all minute and endowed with rapid motion. The saliva contained bacteria similar to those found in the blood, but all specimens of urine examined were entirely free from either bacteria, albumen or sugar.

VAGINISMUS.

Dr. Bouchut, the well-known French clinician reports a case of vaginal hyperaesthesia, occurring in a recently delivered young woman (primipara) in whom the spasm of the vulva was so severe that even touching the parts seemed impossible. Knowing by experience that occasionally simple fissure of the vaginal mucous membrane produces vaginismus, Dr. B., without even making a local examination, prescribed the following:

℞	Extract krameriae,	3 drachms.
	Butyr cacao,	6 drachms.

M. suppositoria No. 6. Sig. Insert one on retiring. After the application of the sixth suppository, patient was cured.

Periscope.

Some Points in the Treatment of Talipes.

One of the first and most important considerations which will claim our attention as practicing physicians, is the proper time at which to commence the treatment of congenital club-foot. When we remember that at birth there is only an alteration in the relative position of the parts, without any structural changes in the tissues themselves; and that these structural changes will inevitable occur if the treament is long delayed, it becomes our imperative duty to begin treatment at the earliest possible moment. At no subsequent time will as favorable opportunity be offered to speedily and effectually overcome the deformity as immediately after birth.

At this early age tenotomy is probably never required. The foot may be placed in position by gradual and gentle manipulation and can then be retained in its normal position by a piece of adhesive plaster carried around the foot and up the leg on the side opposite to the deformity. This strip of plaster should be long enough to reach above the knee. A narrow roller bandage is now placed around the foot and up the foot nearly to the knee, when the strip of plaster extending above the knee is to be turned down over the bandage, thus securing the whole dressing. It not unfrequently happens that a dressing of this kind will painlessly and comfortably guide the foot into the proper position in a few weeks. This dressing should be removed daily or every other day, and gentle persuasive manipulation practiced. It generally happens, however, that the case does not fall into the hands of the surgeon until some time after birth, and often not until the child is several years of age. In many cases pathological alterations have taken place in the fasciæ, tendons, joints, ligaments, and sometimes in the bones, and the treatment will have to be modified to meet these varying conditions. Again these deformities are developed after birth as the result of infantile paralysis; or they follow diphtheria, or other depressing diseases.—*North Carolina Medical Journal.*

Quebracho.

It is the dream of the therapeutist to have a remedy which shall be suited to each disturbed condition of each particular organ. Specific medication, however, is a delusion which becomes more patent as the knowledge of medicine advances. The animal organism is not a conglomeration of independent sections, each acting without reference to the rest, and capable of being influenced by agents whose action may be confined to

Digitized by Google

it alone. Yet, notwithstanding this fact, physiological experiments and therapeutic observations have demonstrated that certain agents have a special determination in particular directions, influencing different systems (nervous, vascular, etc.), and manifesting a preference for different portions of these systems. While, therefore, it is necessary in assuming charge of a case to scan the whole field, and to bear in mind the close sympathy pervading the whole, we are nevertheless able to exert a special influence in individual directions. This fact in practical therapeutics has recently received a pointed illustration in the case of quebracho. It was claimed for this agent, on the strength of physiological experiments conducted by Penzoldt, that it would prove a valuable remedy in the treatment of pulmonary and other affections interfering with respiration and aeration of the blood. A remedy which will do this is certainly a desideratum in medicine, and if a practical test of quebracho shall show the claims for it, predicated on the results of physiological experiments, to be true, it will prove to have been the most valuable of the many valuable additions to the materia medica of late years. Sufficient evidence has already been advanced to show that these claims have a quite substantial foundation, and to justify more extended trials in the hands of the profession.

It has been charged against new remedies, so-called, and we will not say without some reason, that the testimony to their value is too largely from crude and unqualified observers, who, unable to discriminate between effect and cause, are too apt to attribute to the remedy results which should rather be accredited to the inherent tendency in nature to set herself aright. In the case of quebracho, however, this charge cannot be so truthfully made. It has received the attention of some very acute observers, whose testimony all tends to establish the value of the drug. The most recent report on it is by Prof. J. M. Da Costa, of Philadelphia. We give the following extract from a clinical lecture by that gentleman, as reported in the *College and Clinical Record:*

"Now, gentlemen, we have made a diagnosis here of emphysema, dilatation of heart as a complication, with a certain amount of bronchitis, chronic in character. As regards treatment, first let me say that she has had all kinds of cough mixtures, but without effect; and among them muriate of ammonia, which seemed to answer best; but shortness of breath annoyed her so much, that I determined to use here a remedy introduced within the last year to the profession, called quebracho, of which she took of the fluid extract ten drops four times a day, though less at first, and she herself believes, as she says, that it has done her a great deal of good. In the cases in which we tried it in the men's wards, for oppression in breathing, where the heart complication was greater than here, it did no good. It has lately been used for dyspnœa, without any especial relation

Digitized by Google

to the cause of the dyspnœa. It comes from South America. In cases of emphysematous dyspnœa it has an especial advantage, as in the present case. It is also claimed that heart complications may exist; and this remedy, in the shape of the tincture or fluid extract, will have an influence upon the dyspnœa, especially of cardiac asthma, although I have not used it long enough to fully confirm this. I have not, in truth, seen any decided effect upon the heart complications; but it relieves the symptoms of emphysema with heart complication. I show you this patient to-day very much improved, and tell you that she has derived more benefit from this than from any other remedy since she has been under our care."—*Michigan Medical News.*

Listerism in Germany.

My recent article* on this subject was not concluded when the manuscript was sent for by the printer. The readers of this journal, who feel interested in the subject, will welcome this supplement comprising the antiseptic practice in laparotomy, adopted by Prof. Billroth's clinic at Vienna. The *first* rule observed is *scrupulous cleanliness* of the operating and sick-room. If the slightest doubt is entertained as to their purity, the rooms are sprayed with five per cent. carbolic acid for several hours. This measure is intended to clear the air in the rooms of, and to precipitate suspended germs.

The *second* rule applies to the *thorough disinfection.* The sponges to be used should be new and soaked for several days in a five per cent. carbolic acid solution.

The *third* rule permits but *one assistant*, and he and the surgeon alone are allowed to handle intra-peritoneal parts.

The *fourth* rule commands *carbolized ablution* of the abdominal integuments, but excludes the spray during the operation as useless if not directly noxious on account of the rapid absortion of carbolic acid by the peritoneum and the consequent danger of poisoning.

The *fifth* rule is directed against the danger of *spontaneous infection.* The technical measures adopted to prevent "dead-rooms" are as follows:

1. To have as small a defect *in the peritoneum* as the case will warrant. As means are employed *sub-peritoneal* (Kochen) *ligature en masse* combined with or without the *charring* of the pedicle's stump by the actual cautery.
2. Ligature of all bleeding vessels.
3. Careful cleansing of the cavity.
4. Hermetical closure of the parietal wound; no drainage tubes.
5. Gentle compression of the abdomen by an appropriate dressing.

**Vide* Clinical Record for April, 1881.

Digitized by Google

6. Elevation of the patient's pelvis, especially commendable when a peritoneal opening is left in Douglas' space. This position brings the secretions of the wound in contact with healthy peritoneum where they may be absorbed.

7. For a similar purpose the plan of Keith has been introduced. The patient receives bland warm beverages to increase the secretion of the peritoneum, that the morbid fluids in the cavity may be diluted and thus prepared for endomosis. —*Dr. L. Bauer in St. Louis Clinical Record.*

Tinctura Ferri Perchlor.

Notwithstanding the numerous preparations of iron which are from time to time being brought forward by the manufacturing chemists, the old tincture keeps its place, and is by many practitioners preferred to all other forms. The prescriber, however, generally feels constrained to combine it with glycerine, or something of the kind, to lessen its unpleasantness in the mouth.

There is a simple method of dealing with this tincture in prescription which is not, perhaps, as widely known as it deserves to be, and I therefore venture to bring the plan before the readers of the *Canada Medical and Surgical Journal.*

It is simply the addition of a little alkaline citrate. For every drachm of the tincture, add half a drachm of potas. citras. The result is a liquid of a beautiful green color, quite free from the peculiar roughness of the iron. For a tablespoonful dose, containing 10 minims, the prescription can be written thus:

℞	Tinct. ferri mur.,	2 drachms.
	Potas. Citrat.,	1 drachm.
	Syrup Limonis,	1½ ounces.
	Aquæ ad.	6 ounces.

This elegant combination ought to suit fastidious patients. If it should be found that "children cry for it," I would not be surprised. Another advantage of this mixture is, that astringent tinctures, as bark, gentian, etc., may be added, without decomposition.

By adopting the combination here described, the prescriber can have the advantage of, while being independent of, the fancy elixirs of iron which at the present time are being pressed on the attention of the profession by enterprising pharmacists. *Canada Medical and Surgical Journal.*

Cocculus Indicus in Epilepsy.

The cases received at the asylum are, as a rule, those of chronic confirmed disease requiring seclusion and restraint. Under these circumstances it is not surprising that we have no

Digitized by Google

recoveries to report. However, striking results have followed the use of cocculus indicus in a certain class of cases, and the query arises, would these have been benefited permanently by the same treatment instituted at an earlier period? Of ten cases of epilepsy in its various forms, five derived substantial benefit.

B. M., æt. 37, male, admitted January, 1880. Possessed a neurotic organization inherited from his parents, who were cousins. One of his brothers is a deaf mute, another brother and sister are partially mute. Was never bright, had no education, but was able to assist in providing for himself until five years ago, at which time he received an injury while logging. Shortly afterward began to suffer from convulsions, once in four or five weeks; later became more frequent, and at time of admission came on twice a week. Was placed in the institution, owing to pyromaniacal and homicidal impulses, and was brought securely tied with straps and in a very much excited state. Convulsions very frequent after admission, and attended by great mental confusion. Was extremely irritable and impulsive, subject to hallucinations of vision, and entertained persistent delusions of suspicion and distrust. During an outbreak there would be utter absence of self-control, active delusions, untidiness of person and an augmentation of the unpleasant characteristics noted. He required restraints to prevent homicidal acts, and was rendered furious by the sight of visitors. Paroxysms lasted as a rule for more than a week, and upon their subsidence confusion, vague delusions of apprehension and excessive irritability would persist for a longer period. Six months ago cocculus indicus was begun by one-quarter drop fluid extract three times a day, gradually increased. About four weeks from the time the prescription was made, at about the regular time for an attack, he was threatened with maniacal excitement, mental confusion existed in a greater degree, and self-control was diminished. This condition was of very brief duration, and terminated without any actual outbreak. Two weeks later a similar condition was observed, but again excitement was happily averted. His mental action constantly improved, he began to show an interest in other patients, gave considerable assistance in hall work, became less irritable and was able to exercise self-control, even under provocation. Four months from the time the prescription was made, he suffered from a mild attack of excitement; duration brief. There was no further outbreak for nearly five months. The seizure which then occurred was like the preceding one, short, and attended with less complete absence of self-control. Is now taking 1¼ drops fluid extract cocculus indicus three times a day. The aggregate number of convulsions in any month is materially decreased. He continues an industrious, pleasant man, and rarely occasions trouble in the hall.

Digitized by Google

If we accept the view that the esssential condition of an epileptic attack is primarily vascular spasm, by which sudden localized anæmia of the brain is produced, a satisfactory explanation of the action of cocculous indicus is, that as a vaso-motor paralyzer, its influence is to keep the cerebral blood vessels in a state of permanent relaxation, thereby preventing the occurrence of anæmia. Experimental observation has demonstrated that its influence is chiefly exerted upon the cardiac and vascular systems. The conclusion reached from my own experience is that those patients in good bodily health, whose convulsive seizures are accompanied by maniacal excitement, seem to be the ones most likely to receive benefit—*Detroit Lancet.*

Coup De Fouet, or Rupture of the Plantaris Muscle.

This injury is not often described in systematic works on surgery. It is, nevertheless, believed to be not very uncommon. A number of cases were referred to, under the name of rupture of the plantaris muscle, in a discussion in 1877 on the report of a case by Dr. A. H. Nichols. The term *coup de fouet* (stroke of a whip) indicates the sudden and acute character of the seizure, without specifying the exact seat of the lesion, which cannot, in the majority of cases, be determined.

A woman in good health, middle age, inclined to *embonpoint*, November 21, 1878, was stepping into a car when she felt something suddenly give way in right limb, followed by a feeling of warmth and pain in calf of right leg. She with great difficulty arrived home. There was entire absence of objective symptoms. Pain was produced by deep pressure or inner side of leg, midway between the inner malleolus and the tuberosity of the inner condyle of the femur. Slight motions of foot painless, but extreme extension of foot on leg was attended by slight pain, while attempts to effect flexion caused intense pain in calf of leg. Severe pain occurred whenever the slightest weight was thrown on interior portion of foot in standing or trying to walk. These points with the peculiar history suggested rupture of some deep or fibrous structures of the posterior portion of leg. Patient made very slow recovery, and experienced far more pain than if she had met with a fracture of the bones. Absence of objective symptoms continued throughout, excepting that there was a slight and unimportant œdema of leg and foot when locomotion was first resumed. Subjective symptoms were very severe. For first four or five days there was considerable freedom and ease in movements of limb in recumbent position, and a crutch was used. But after that locomotion in any way was impossible, and slightest movement of affected part was attended with severe pain. For five weeks patient remained recumbent guarding the limb from motion. Repeated

Digitized by Google

attempts to prevent muscular action by fixing the joints of the affected limb were unsuccessful. Hot applications and opiates were used to combat pain and secure sleep. After many painful trials, tolerance of motion was restored and locomotion was performed with greater ease, until crutches were laid aside five months after injury. Patient, however, limped, and limb remained partially disabled, and subject to attacks of pain after unusual exercise, for more than a year after. During this time patient sought to avoid disturbance or undue action of the muscles of the calf. A high chair was preferred to a low one, so that the anterior portion of the foot could depend, and it was easier to walk with high-heeled shoes; 2½ years from the receipt of injury, recovery is perfect, and evidently permanent.

A lad of 9, hurrying to dinner, suddenly fell, February 6, 1880. Thought he had turned his right foot; had some pain at the time, and on the following day, but pursued his occupations. Third day he was found disabled. Motions of foot painless, except that extreme extension produced some pain, and flexion of foot on leg caused a severe pain extending up the calf. Pressure caused pain in a limited area, and revealed a deep-seated induration in middle of the calf. Could not rise on the toes of affected foot, but felt no inconvenience from resting weight of body on the heel. No discoloration or objective symptom except the induration above mentioned. Rest and simple applications were practiced. For several days constant, but not severe, pain, very much aggravated by slight exertion. Within three weeks he was restored to his companions, but limb remained weaker than the unaffected one. Sixteen months after injury, the deep induration has disappeared, and the only trace is a feeling of numbness whenever the muscles of the affected part are called into violent action.

The most remarkable feature of this accident is the insignificant nature, or almost entire absence of an immediate cause. Men when quietly walking in the street, have suddenly stopped with the conviction that they had been shot in the leg. Dr. Nichols' patient looked for the stone which he believed had been thrown at him, and, not finding it, thought he had been struck by the hub of a passing vehicle. It is quite possible that such a case might have important medico-legal bearings.

Diagnosis depends on (1) suddenness of attack; (2) insignificance of apparent cause; (3) location of trouble; (4) pain, which is absent or slight when the part is at rest, and produced or aggravated by those motions of the limb, active or passive, which disturb the muscles of the calf; and (5) great disproportion between objective and subjective symptoms. The same disproportion may hold, as in the first case above related, between the objective symptoms and the duration of the pain and disability.

Digitized by Google

Recovery is always protracted, and is probably not much facilitated by treatment, which, however, should not be neglected, for the prognosis is sometimes unfavorable, especially when the affected limb is the seat of deep varicose veins, or shows of former phlebitis. Local and general remedies should be directed toward relief of pain. Repair of the injured structures should be promoted by preventing motion or disturbance of the part affected. The condition which seems best adapted to secure this object is that of enforced fixation with the knee moderately flexed and the ankle moderately extended. As recovery progresses, locomotion will be facilitated by a high-heeled shoe, which prevents the foot from being unduly flexed on the leg.—*N. Y. Med. Jour. & Obstet. Review—Med. Abstract.*

A Brief Report of One Hundred Cases of Rœtheln.

It is not my purpose to treat in a general way of rœtheln, but simply to speak of the peculiar features of an outbreak of the disorder in the Protestant Orphan Asylum of this city, of which I have professional charge. The disease had prevailed to a small extent in scattered localities through the city, and had been recognized as such, about a month before its appearance in the above institution. The first of my cases was diagnosed about the 8th of April, and during the five weeks following, ninety-five children out of one hundred and forty, and two adults, manifested the usual symptoms of this exanthem. These, with a dozen or more cases in private practice, swell the number under my observation to more than a hundred.

Many circumstances rendered it difficult to make out a definite period of incubation, because I could not trace the contagion with sufficient reliability. One feature is worthy of attention first of all, and that is, that only two-thirds of the children exposed were attacked. This is analogous to what we see in the case of the other exanthems, scarlatina for instance; of three children exposed only two may take the disease.

Another point worth mentioning is, that most of these children had already had measles the previous winter or spring; for, during the early months of 1880, eighty-eight children in the same institution were attacked with morbilli.

There were no definite premonitory symptoms. Occasionally the patient would be languid or fretful for a few hours before the eruptive outbreak, and a very few coughed a little, but not in any way to attract particular attention. Along with the appearance of the eruption about twenty-five per cent. presented symptoms like those of the outset of measles. In ten per cent. of the whole number the bronchial irritation, conjunctival suffusion and general appearance were so characteristic that if these same children had not had measles to my certain knowledge, I should have been tempted to diagnose them as such.

Digitized by Google

The papillary eruption needs no description. I may say, however, that in three or four cases there was a slight tendency for it to become confluent. It appeared first on the neck, throat or behind the ears, traveling downwards, and was usually very distinct on the forearm and wrist. With the appearance of the first papules there was, in almost every case, so much flushing of the cheeks that any manifestation there was hidden from view. The same papules were also plainly visible in the roof of the mouth even before they were distinct on the surface.

Twenty per cent. of the cases had pharyngitis or tonsillitis, but in mild form. Fully one-half of them had marked adenopathy in the cervical region or under the tongue.

While the pulse rate was rather high in some of my little patients, the temperature was never any higher than seemed reasonable under the circumstances. Nausea and vomiting were exceedingly rare.

Not one of them suffered from any complication of importance during the progress of the rœtheln. But undoubtedly they were left quite susceptible to dangerous sequalæ. Four were prostrated with pneumonia in severe form, though all recovered; and several others suffered from more or less severe bronchitis or croup. This experience has taught me that there is necessity for no small amount of caution for some time after convalescence. In several cases I noticed a very slight furfuraceous desquamation.

The progress of the disorder was, in all cases, toward recovery, and with little or no treatment. I only advised medication when sympathetic fever ran high, when bronchial irritation was marked, or when the bowels were sluggish.

These cases are, I believe, fair samples of the disease which has visited our city, in an epidemic form, this past spring; and while individual cases have hitherto hardly been rare enough to be considered curiosities, yet the disease in its epidemic features has been new to the younger portion of the profession here. For this reason I am perhaps justified in reporting these cases without further apology.—*Dr. R. Park, in Chicago Medical Journal and Examiner.*

Deafness as the Result of the Poison of Syphilis.

In an article with the above title in the *Medical and Surgical Reporter*, Dr. Lawrence Turnbull draws the following conclusions:

First. That syphilitic diseases of the ear are less numerous in the United States than in Great Britain, or Europe, and that it is not so frequently a cause of deaf muteism. Yet there are cases of this affection.

Second. In almost all constitutional syphilitic disease of the ear in children and young persons it is associated with some

Digitized by Google

affection of the eyes, throat and nose. The deafness which often follows the improvement in the eyes is sometimes profound.

Third. Persons who have suffered from constitutional syphilis, especially young persons and children, have great impairment of the hearing tones through the bones of the head.

Fourth. In a few cases the first indication of syphilitic diseased ear is a primary ulcer in the throat, naso-pharyngeal space, or in the auditory canal, or near the membrana tympani.

Fifth. Purulent otitis media, or otitis media seroso syphilitica, may occur in utero, or very young infants, while in young persons and adults we may have congestion of the tympanic mucous membrane from the same cause, anchylosis of the bones of the ear, with bands of adhesion in the middle ear, by extension from the throat to the Eustachian tubes.

Sixth. Syphilitic disease may affect the most vital part of the internal ear, labyrinth, semi-circular canals and cochlea, with marked thickening and dryness of the membranes of the round and oval windows and vessels which supply the internal ear. There is also disease of syphilitic nature in the ruditory nerve, also the brain itself, in the formation of disseminated small nodules within the nerve centres.

Management of Perineum During Labor.

Dr. Thomas A. Ashby, in a paper on the "Management of the Perineum during Labor," published in the *Maryland Medical Journal*, comes to the following conclusions:

1. The question of "support and non-support" must be determined by the condition of the perineum.

2. An attempt to preserve the integrity of the perineum may, under some circumstances, be attended with greater injury to both mother and child than a rupture. The lesion of greatest consequence to both mother and child must be considered.

3. The forceps, if carefully used, are of great aid in preventing lacerations, and should be employed to assist in extending and delivering the head when the condition of the perineum strongly opposes or arrests its passage.

4. The administration of ergot before the head has been brought to bear upon the perineum may give rise to violent expulsive effort and force a rupture of this body.

5. Lacerations play an important part in the induction of bodily and mental disease, and should be recognized at the time of their occurrence with a view of determining the necessity for surgical closure.

6. The perineal lacerations, even when simple in character, ought, as a rule, to be closed by primary union.—*St. Louis Medical and Surgical Journal.*

Digitized by Google

The Placenta as a Tampon.

I have so often seen the statement that the invariable rule was to remove instantly the separated placenta, that I have often called attention to the one phase of the subject which I have nowhere met in obstetric literature, viz., the value of the placenta as a *natural tampon*. I am convinced from experience and observation that post-partum hæmorrhage is oftener caused by hurrying the afterbirth than by anything else. If there is no pain, and no obvious occasion for interference arises, I beg, for the woman's safety, that no traction on the cord, no searching for the placental edge, no officious meddling of any kind be indulged in. Let the patient be watched. See that the uterus be well contracted, and you may feel much surer that it will remain so, if you let the placenta alone. It will be soon enough to interfere when the first shock of labor is passed If the placenta is in the womb, its presence there is the best possible stimulus to contraction—better than any one's hand, and if, from any degree of inertia, the womb is indisposed to contract, then the placenta (if detached) is the best possible tampon. If it has been extruded from the womb and lies in the cavity of the sacrum, its gentle pressure upon the relaxed os, and upon any bleeding vessel that may exist, is most salutary. Of course, in the case of a strong, healthy woman, in a perfectly natural labor, it may make no material difference how much the placenta is hurried in its exit; but the majority are not of this class. The one point which I wish to emphasize is this: that the placenta is the best and *only* tampon suited to the post-paturient condition; that after its complete separation before it leaves the uterus, or before it leaves the vagina, it possesses all the qualities of an unirritating, smooth, soft, and yet sufficiently firm barrier to the effusion of blood. Extract it before the time, and you have lost an advantage which you cannot regain. I do not advocate leaving the afterbirth entirely to the unaided efforts of nature. I make no reference to complications and special emergencies. The case is natural—is ordinary; don't take the risk of making it unnatural—extraordinary—by pulling at the afterbirth before the nervous system of the newly-made mother has had time to rally its forces. The time must be left to the individual judgment of the accoucher. As a rule, do not be in a hurry.—*Brooklyn Proceedings.*

The next meeting of the American Dermatological Association will be held at Newport, R. I., on the 30th and 31st of August and the 1st of September next. Papers are expected from many of the members, including Drs. White and Wigglesworth, of Boston; Duhring and Atkinson, of Philadelphia; Heitzman and Sherwell, of New York; Atkinson, of Baltimore; Hardaway, of St. Louis, and others.

Digitized by Google

Correspondence.

Another Reply to "Confusion Worse Confounded."

Editor Peoria Medical Monthly:

It does not seem to me that Dr. Hinsdale's reply to the article "Confusion worse Confounded" touches upon the real question involved.

As a reply, it is too general; as a *critique*, it is too superficial and technical.

Judging the man by his writing, the author of the article above alluded to, is a man who is terribly in earnest upon a very important subject, and my only criticism upon it is, that the Dr.'s earnestness has led him into statements too strong and too bitter to carry conviction with them. The frequent and repeated use of such words as "lies," "fraud," "rascality," "base misstatements," "swindle," etc., etc., is alike injurious to the Dr.'s reputation as a clear headed, progressive physician, and the cause he advocates. Still strong language is often necessary to rouse men to a realization of existing evils, and if the article in question has succeeded (as I believe it has) in causing physicians to give the subject more thought and a more investigating consideration, it will not have been in vain. Reformers must be radical to arrest attention.

I most heartily agree with Dr. Hensley in denouncing the manufacture and sale of impure medical preparations, and all attempts at adulteration of the same. No language can be too severe to characterize men who will engage in such nefarious business, and in this all physicians will agree.

So far as I have been able to anlayze Dr. Hensley's paper, the question to be considered resolves itself into this: Has the manufacturing pharmacist been of benefit to the medical profession, and shall physicians use their preparations?

Dr. Hensley says "No," and says it very emphatically. I beg to differ with him, and will endeavor to mention several ways in which the profession has been materially benefited by the establishment of such manufacturies. Of course I now refer to such firms only whose products are of standard purity and strength.

In the first place are *all* of their preparations worthless?

Would the limited time (limited in consequence of his multifarious occupations) ability and resources of our "home retail pharmacist" have ever given us a tithe of the elegant and universally accepted preparations? Would we have ever received from this source the cheaper but equally effective alkaloids of Peruvian bark or even quinia itself; the alkaloids of many other plants, more valuable separated than in the crude state, or the useful and elegant preparations of malt and cod liver oil? Dr.

Digitized by Google

Hensley unhesitatingly, and it might to some appear, ignorantly condemns all preparations of cod liver oil and malt, but how many are called to a case of incipient phthisis, or one in which general debility or a cachexia is a leading symptom, or any case where the health of the patient is waning from a lack of assimilation, who does not think of one or the other of these preparations, and in most instances prescribes them with benefit? I think the Dr.'s mistake was in considering these preparations as having curative properties *per se*, instead of being adjuvants to other treatment;—as being medicines, instead of concentrated but easily assimilated foods. I might mention many other preparations for which we must thank the enterprise of these manufacturing pharmacists, but space will not permit.

As regards "New Remedies," that bugbear of old fogies; while I do not believe that every disease has its cure, or that we will ever arrive at an absolute stage of specific medication; and while, too, I am loath to believe that we have by any means exhausted the capabilities of our time-honored drugs, still I say, let us have all the new remedies possible, only let us be certain that they *are remedies.*

Here then comes the rub, how shall we know that they are entitled to this appellation? No better plan has yet been advanced than the one proposed by a firm doing a large business in this field of investigation: To supply the numerous hospitals and dispensaries with the new candidate for favor, and that, from reliable reports by reliable and competent men, based upon actual and scientific trial, shall the verdict be rendered, and the drug placed upon the market.

The plan is feasible and I think would give general satisfaction, but however it be done, let us have new remedies.

This brings me to the last part of the question, which may be stated thus:

Shall physicians use the official preparations made by these manufacturers, or should he rely on our "home retail pharmacists?"

A large proportion of retail pharmacists buy these preparations instead of making them, so where would we be the gainers, they would continue to buy and disperse them, and how could we, even if so minded, prevent it? However, it is not to the best interests of the profession to dispense with the aid of the manufacturing pharmacist.

If a physician wishes to keep his own medicines, he does not have as in "ye olden time" to pitch in and make them himself, neither does he have to depend upon the retail druggist, but he can buy them from the manufacturers all ready for dispensing, just as pure and far more elegant than the average retailer can supply, and cheaper. Is not this of great value to the physician?

Digitized by Google

But I fear my untrained pen has already far exceeded the space your courtesy will allow me, so being of a modest disposition, and caring little for fame and less for notoriety, I sign myself, Yours Fraternally,

"MEDICUS."

(It is not our rule to publish anonymous communications, but according to the wishes of our correspondent, and knowing him and being able thus to vouch for him, we this time transgress, and insert his readable letter.—ED.)

Book Notices.

Clinical Lectures on the Diseases of Old Age. By J. M. CHARCOT, M. D., Professor in the Faculty of Medicine, Paris; Physician to the Salpetriere, etc., etc. Translated by LEIGH H. HUNT, B. S., M. D. With Additional Lectures by ALFRED L. LOOMIS, M. D., Professor of Pathology and Practical Medicine in the Medical Department of the University of the City of New York, etc., etc. pp. 280. New York: 1881. W. Wood & Co., Publishers.

With a multiplicity of works on the diseases of children, it has often been remarked that our medical literature is very meagre on the subject of diseases of the aged. There exists no good reason why this should be, for if, and no one disputes it, age modifies disease and should modify treatment, the one subject is just as important as the other. We opine that there is a pretty general ignorance on this subject and a general desire for information, and in consequence of this fact, Wood & Co. will receive the hearty thanks of the profession for including this valuable work of Charcot in their library, for 1881.

Lecture 1 is on the general characteristics of senile pathology. Lecture 2, the febrile state in the aged; lecture 3 to 11 on nodular rheumatism and gout; lectures 11 to 18 on rheumatism; lectures 19, 20 and 21 treat of the chemical importance of thermometry in old age. The remaining lectures, 22 to 31, are by Professor Loomis, and treat of senile pneumonia, senile chronic catarrh of the bronchi, asthma, atheromia, fatty heart, cerebral hemorrhage, cerebral softening, chronic gastric catarrh, senile constipation, and senile hypertrophy of the prostate gland. The introductory lecture by Professor Charcot, is on empirical and scientific medicine, a comparison between the ancients and the moderns, and will be found an interesting and highly instructive piece of reading.

Coulson on the Diseases of the Bladder and Prostate Gland. Sixth Edition. Revised. By WALTER J. COULSON, F. R., C. S., Surgeon to St. Peter's Hospital for Stone, etc. pp. 393; New York: 1881; W. Wood & Co.

That a sixth edition of this work has been deemed necessary, attests the value which the medical profession have placed upon

it. Since reading Gross on the urinary organs, we have not read any work on the subject so pleasing and satisfactory as the one before us. The various subjects belonging to a work of this kind, are taken up and treated with a clearness and completeness that leaves nothing to be wished for. That it is fully up to the times we need only to turn to the chapter on litholapaxy to prove. Dr. Bigelow's method of rapid evacuation is discussed at appropriate length and receives the credit due its importance, a thing not always done to American surgeons. Considerable importance is placed upon the preventive treatment of calculus, and the causes to which stone-formation is due, and the conditions under which it takes place, have received in the present work a careful consideration.

The whole volume will be read with interest and profit, and no work has been lately placed in our hands which we can so heartily recommend.

PAMPHLETS AND ANNOUNCEMENTS.

Application of Cotton Pellets in Destruction of the Membrana Tympani; Two Cases. By A. S. Core, M. D., Quincy, Ill. Reprinted from the *Archives of Otology*; Vol. X, No. 2, June, 1881.

Tubercular laringitis, or laryngeal phthisis; a paper read before the Ann Arbor Medical and Surgical Society, by C. J. Lundy, M. D., Prof. of diseases of the eye, ear and throat, in the Michigan College of Medicine, Detroit. Reprinted from the *Physician and Surgeon*, pp. 11.

We have received a letter from J. C. Lea's Sons, announcing that they will soon publish an Americanized edition of Holmes' Surgery in three volumes. This will be as large a work as the majority of physicians will feel able or disposed to purchase. The promise of this firm that the work will be complete and perfect in every respect will be a sufficient guarantee that it will be so.

The Remedial Properties of the Hot Springs, Ark., also a Brief Consideration of the Locality as a Resort for Phthisical Invalids. By Chas. H. Lathrop, M. D., Lyons, Iowa, read before the Iowa State Medical Society at Dubuque, May 1881; pp. 28.

One of the neatest things we have ever seen, is the elegant programme of the international congress, presented to delegates by the well-known firm of W. Wood & Co. It is printed on heavy, red lined paper, gilt edge, and bound in blue satin elegantly decorated with gold. It contains a complete programme of the congress, places of interest to strangers, a catalogue of a few of Wood & Co.'s most recent publications, and blank pages for memoranda.

Digitized by Google

THE PEORIA MEDICAL MONTHLY.

EDITORS:

DR. J. MURPHY, DR. J. L. HAMILTON, DR. H. STEELE.

THOS. M. McILVAINE, A. M., M. D.,

Managing Editor and Publisher,

204 South-Jefferson Street, - - - - PEORIA, ILL.

*** All exchanges, books for review, and communications must be addressed to the Managing Editor and Publisher.

Editorial Department.

Physicians versus Druggists.

In reopening this question, to which little allusion has been made in medical journals for some months past, it is proposed to give the views of this journal without fear or favor. Our interests are with the physician, and it is from his standpoint and in his best interests that we will now consider it. The druggists are the aggressors in the fight, and they must take what they get. An endless discussion on this subject, without any practicable plan for its solution being offered, will only serve, as it has done in the past, to increase the antagonism existing between the parties interested, therefore we will be content with recapitulating the main grounds of complaint entertained by the medical profession, and shall advocate a plan by which every physician can release himself from the impositions of the druggist, and at the same time increase his legitimate source of income. We shall affirm only such things that are so universally recognized and felt by physicians as to need no proof, and our object shall be to arouse physicians to action;—not that kind of indignant action whose force is expended in writing long articles for the journals, or in talking over the matter in societies (which generally ends in resolutions, a subject for ridicule by the druggist), but active, indvidual assertion of the rights of the doctor. Let every physician take the matter into his own hands, consider himself a committee of one, and go to

Digitized by Google

work, and everything can be satisfactorily accomplished. The plan we advocate is an old one, it is the plan which physicians abandoned to give druggists a fair trial, and now since this trial of a hundred years has proven unsatisfactory, we say go back to it, resume our rights, and *dispense our own medicines.*

We will take up the various points in connection with this proposition, in the order in which they present themselves:

First—Why is any change from the present order of affairs desirable? Because the druggists have proven themselves unworthy of the further confidence of the people and the profession, and because the profession demands it as a matter of self-protection. An inordinate desire to make money or an excusable indifference to the rights of those most interested, have led to the existence of gross evils—whereby the health of many sick persons is endangered, and the physician rendered liable to be wrongfully accused of ignorance, carelessness or wrong practice. To enumerate all of these evils would occupy more space than the limit of this paper will permit, but—

That there has been a tendency among "Druggists" (we apply this term to the drug vendors in contradistinction to the word "Pharmacist," which is applicable only to the scientific compounder, chemist, and investigator of remedial substances and their therapeutical merits), to take unto themselves part of the physician's work in prescribing and attending to persons afflicted with disease, to compound and repeat prescriptions contrary to the wish and order of the physician, to antagonize often by substitution and sophistication the physician's best intentions for his patients, and by exorbitant charges for medicine to often prevent patients from employing private medical aid, driving them thus into charitable institutions, or the arms of practitioners of rival schools, thereby endangering the health of the community and exerting a detrimental influence against the medical practitioners, their natural allies, are among the grave charges which are brought against the members of the pharmaceutical profession.*

By the combination of many and entirely foreign lines of trade with their original and only legitimate one of drugs, the druggists have forfeited all claims that they once possessed to being considered an allied profession to that of medicine. They are "drug vendors" only because it pays, they are also vendors of cigars, soda water, fancy goods of all kinds, cutlery, cheap jewelry, patent medicines, tobacco, whisky, anything and every-

*Medical Bulletin, September, 1880.

Digitized by Google

thing that pays. That they have a legal right to make money in any way they may choose, without rendering themselves liable to the penalties of the law, no one will deny, but having lost all claims to the patronage of the medical profession, we say, let them alone. They have no regard for physicians other than as traveling salesmen for their drugshops. We send them customers for their goods, but if they can get these customers to deal directly with them in the future, just that much of our business is gone. We are satisfied that the cash valuation of the counter-prescribing (not counting the value of the drugs sold) done in Peoria, will exceed the two largest practices in this city. We are looking at this question only as it affects the physician, and shall say nothing of the interests of the public.

Second—Has the plan we advocate any advantages over others that have been offered? We answer yes! In Philadelphia the effort has been made to remedy the trouble by a compromise between the physicians and druggists, but it has signally failed, the druggists decline to enter into any agreement, and declare that they are the best judges as to how their business shall be conducted. The executive committee of the druggists' association in that city declare, that "pharmacy * * * claims the right to frame and enforce its own code of action, and determine its own line of conduct, believing itself fully able to conserve and direct its relations to others without asking aid or permitting dictation. The evils complained of are neither so grave nor prevalent as indicated," etc.*

This expression of the Philadelphia druggists echoes the general sentiments of druggists throughout the country, and from this it is clear that no compromise or argreement is practicable or desirable. Another plan proposed is the establishment by physicians of co-operative drug stores, but this too is open to grave objections. It could only be possible in the larger cities, which would offer no relief to the majority of physicians. Again, the management of such establishments would be a difficult matter, and the public would be very apt to see in them only pure business ventures.

Some other plans have been brought forward, but aside from the two mentioned, none have received any attention. In another place we shall point out the advantages of the plan we advocate and meet the objectious raised against it.

---

*See Druggists Circular, April, 1881.

Digitized by Google

Third—Is there anything in the *idea* of physicians dispensing their own medicines derogatory to the character of the profession? The traditions of a hundred years ago still fetter the profession. We are taught that anything that looks like business is derogatory to professional dignity. Success in America is largely counted in dollars and cents, and no honorable means of making money militates against a man's standing in the community. Physicians dispensed their own medicines up to within a comparatively recent date, yet the "dignity" of the profession was as well if not better upheld then than now. The rule now is "if you don't look out for yourself, nobody will do it for you," and the druggists, purely business men, as the majority of them are, have taken hold of this rule and have found money if not millions in it, while the physician, hampered by the cry "it will lower the dignity of the profession," must quietly look on and see his business, the best part of it, that part representing the most ready money, taken away from him.

A minister will, in the most instanees, accept a call to a church offering a larger salary, yet no one accuses him of lowering his professional dignity by seeking larger pay for his services. He uses a part of the time for which he is paid by his congregation, to write a book, from the sale of which he makes money, yet this is not held up against him. The lawyer combines with his profession real estate and brokerage, yet his professional services are not held in less esteem.

This, of course, is only a pecuniary view of the matter, but we wish to meet all objections that may be brought up, and bring to bear every argument that will induce physicians to try this plan.

Fourth—Is the plan we advocate practicable? The answer is, yes, eminently so. The times are fully ripe for its adoption. By the aid of the manufacturing pharmacists, the physician can dispense his medicines almost as easily and quickly as he now can write a prescription. To change the language of a correspondent, "he can buy all needful remedies, just as pure and far more elegant and at less cost than he could prepare them himself, or than the average retailer can prepare them for him."

The physician now has everything in his own hands, and everything is in his favor, and the only thing now remaining to be done is to go to work, give it a good trial and it will prove satisfactory.

Digitized by Google

One objection must here be noted. It is this: dispensing at the office may work, but in visiting patients we cannot send them to our offices for medicines. The conveniences now obtainable in the way of buggy and hand cases, permit of the physician carrying all necessary medicines, and dispensing them at the bedside.

The fifth and last point we shall notice is, "Will it pay? This may be answered in the strongest manner, YES. It will pay the doctor financially, it will more than repay the practitioner in the satisfaction he will have in knowing that his patients get just what he desires them to have, it will pay his patients for the same reason, and will be of advantage to them, especially the poor, since having no extra expenses, rent, help, large stock, etc., the physician can afford to dispense medicines at a reasonable profit, and not at the extortionate prices charged by druggists. It will pay the profession, for it will be a good means of combatting some of the claims of homœopathy. It will pay the profession, for it will have the effect to confine the remedies used to those whose reliability is known beyond a doubt. It will pay the physician, for it will increase his practice; when people know that they can get medicines from the physician, they will rather trust him to prescribe for them than the druggist. One objection has been raised, which demands a moment's attention; it is this: "The physician has to charge most of his business, and wait a long time to collect it. Now, if he keeps his own medicines, it will take too much money to carry his acounts until they are paid." This might have some weight if the old style of doing business was always to be continued, but it is not. It is just as easy to collect a "doctor bill" in thirty, sixty or ninety days as in one two or three years, and the doctor himself is to blame for letting it run on so long. Now, if a physician adopts the plan of dispensing his own medicines, this very fact will cause him to be more prompt in making collections, and it will get the public, in no great length of time, into the habit of paying "doctor bills" just as promptly as they now do the grocery, dry goods and others. In this way it will not be a detriment, but a help to the physician, and the objection is really no objection, but a point in favor of the adoption of the proposed plan. Other points in connection with this subject might be mentioned, but we shall leave them for future consideration. In conclusion, all we ask is a careful

Digitized by Google

investigation of this subject, both by the medical press and the profession. Our handling of the subject has not been as satisfactory as others might have made it, but if we shall arouse attention to those evils which exist, even though another plan for their remedy be adopted, our work will not have been in vain.

We will be glad to hear from others on this subject, and hope it will be fully discussed, and the plan we advocate have a thorough trial. We are satisfied that it is the only plan that will prove satisfactory in all its workings.

Obituary.

JOSEPH C. HUGHES.

On Thursday, August 11, passed away one of the most noted members of the medical profession in the West—Dr. Joseph C. Hughes, of Keokuk, Iowa. The immediate cause of his death was a brain disease, resulting from blood poisoning. The following sketch of the deceased is taken from the *Gate City*, of Keokuk:

Dr. Hughes was born in Washington County, Pa., April 1, 1821. He graduated from Jefferson College, Cannonsburg, after which he read medicine with Dr. J. T. Perkins, of Baltimore, Md., and graduated in medicine at the University of Maryland in 1844. After practicing in Mt. Vernon, Ohio, for several years, he removed to Keokuk in 1850, accepting the demonstratorship of anatomy in the College of Physicians and Surgeons, then the medical department of the Iowa State University. In 1851 he was elected to fill the chair of anatomy. In 1852 he was elected dean of the faculty, and in the spring of 1853 elected to the chair of surgery, which positions he held up to the time of his death. Dr. Hughes was twice president of the State Medical Society, viz., 1856 and 1865. At the outbreak of the war he was appointed by Governor Kirkwood surgeon general of the State, which position he filled during the war. He organized and had professional charge of the army hospitals at Keokuk for several months. He was president of the Board of Medical Examiners of the State during the war. In 1866, he was elected by the American Medical Society as one of her vice-presidents, also a delegate of the association to the British Association for the Promotion of Science, the Provincial Medical Association of Great Britain, the American Medical Society of Paris, and other scientific bodies in Europe, affiliating with the Association.

At the last meeting of the American Medical Association, he was elected chairman of the section of surgery for 1882, this being a chairmanship of the highest honor. He was also

Digitized by Google

chosen delegate to the International Medical Congress in London. He was for a time editor of the *Iowa Medical Journal*, and wrote many articles upon medical and surgical subjects for publication.

At a meeting of the medical society at Keokuk, the following resolutions were adopted:

WHEREAS, Our loved and esteemed associate and professional brother, J. C. Hughes, Sr., M. D., has been removed from our midst by death; therefore, be it

Resolved, That, by this event, we are taught with reverence, the impressive, solemn lesson that "God is near every one of us," that His ways are not our ways, nor His thoughts as our thoughts.

Resolved, That we, the physicians of Keokuk, in common with a bereaved community, lost a valuable member, a good citizen, who, through a long professional life, gave up his time to the well-being of his patients.

Resolved, That the entire northwest has, in the death of Dr. Hughes, lost one of its most eminent surgeons and educators; and in this regard his death is a public calamity.

Resolved, That we offer to the desolate widow and children our heartiest sympathy, and that a copy of these resolutions be sent them by the secretary of the meeting.

Resolved, That we will attend his funeral in a body.

WILLIAM M. SWISHER.

In Canton, Fulton County, Ill., on Wednesday, August 3, 1881, at 4 o'clock a.m., William M. Swisher, M. D., aged fifty-three years.

Dr. Swisher was born in Stanton, Va., in December, 1827, but at an early age removed to Ohio, receiving his early education at Kinsman, in that State, and his scientific training at Allegheny College, Meadville, Pa. He studied medicine with Dr. Packard, of Greenville, Pa., graduating in medicine at the Cleveland, Ohio, Medical College in 1852. The doctor came to Illinois, settling in Elmwood, Peoria county, in 1852, where he had a large country practice up to 1866, when he removed to Canton. During the war of the rebellion Dr. Swisher, although not in the services of the government, volunteered his services to go to Fort Donelson and take care of the sick and wounded, and did excellent service. He was afterward placed in charge of a ward in the hospital at Mound City, Ill.

The cause of his death was cancer of the tongue, with which he had been afflicted about one year.

Dr. I. J. Bennett has changed his address from Jefferson, Wis., to Norwalk, Wis., where he has purchased a drug store.

Digitized by Google

Notes.

Dr. John Fishel has located at Littleport, Clayton Co., Ia.

Small-pox is still quite prevalent in Chicago. The number of new cases as reported by the health office, was from five to twelve daily.

Mr. C. B. Allaire, of this city, read a paper before the American Pharmaceutical Association at the late meeting in Kansas City on the use of glucose in pharmaceutical preparations. The paper was well received, and elicited much favorable comment.

The Illinois State Pharmaceutical Association will hold its second annual meeting in this city on October 18 and 19. A large attendance is anticipated, and this being the first meeting since the passage of the new pharmacy act, an interesting session is expected.

We shall make every effort during the coming year to double the subscription list of this journal, and to this end have offered several special inducements to non-subscribers. Please examine the journal, then look over the list and see if it will not pay you to give it a trial.

Terribly gloomy have been the tidings from the sick room at Washington until within a day or two. Since Sunday last the President's case seems to have taken a turn for the better, and there is again hope. Drs. Hamilton and Agnew are reported as having said that the chances for recovery are rapidly improving.

We have received from the publishers a piece of music called "God bless the little woman," with a request for notice. Well, we request that they never send us any more of their music if it is all like this. A more silly and impudent bit of trash we have rarely seen. The words are merest doggerel and the music is in fit keeping with them.

Some of our exchanges are hauling each other over the coals for copying articles without giving due credit to the source. The Cincinnati *Lancet and Clinic* thus answers a charge of this kind made by the Chicago *Medical Record:* "We have not looked the matter up and it is barely possible that our proof reader in filling out some corner at short notice, has clipped an

Digitized by Google

article from that paper. If this shall turn out to have been the case, we beg to apologize to our readers for having thus wasted valuable space." This is hardly the "retort courteous."

The International Medical Congress of 1881 is a thing of the past. The attendance was very large, merely a list of delegates filling a pamphlet of seventy large octavo pages. It will be yet some months before the really valuable part of the work accomplished will have been sifted down and put in an eligible shape.

Some Things That May Interest You.

DR. H. C. HOWARD, of Champaign, Ill., speaking of this preparation, says: "I use Horsford's acid phosphate largely in nervous prostration connected with dyspepsia, combining it with pepsin and ptelia trifolia. I use it also in general debility and as a vehicle for other remedies. I also make use of it as a drink in low fevers of typhoid type. It is almost indispensable. I was induced to try it, by its having the formula furnished with each bottle.

RESPONSIBILITY—A blessing at any time, but specially now, when the medical profession are often made to bear the blame for the use of vile nostrums advertised over their recommendations. Dr. T. A. Ashby, editor of the *Maryland Medical Journal*, Baltimore, Md., writing, says that he has thorough confidence in the Powell Manufacturing Co., of that city, manufacturers of the Powells Beef, Cod Liver Oil and Pepsin (a superior tonic, nutritive and digestive), when they say they will give their preparations exclusively to the profession, and will not advertise it as a patent medicine. To quote Dr. Ashby's exact words, "I am well acquainted with Mr. Powell, and know him to be a conscientious and upright gentleman, and perfectly square in his dealings and truthful in all his statements. He will make no representation which is not backed by facts."—*Journal.*

WE call the attention of every reader to the advertisement of the Rubber Comb and Jewelry Co., on page 132. It seems to us that the penis syringe introduced by this company will prove to be the most satisfactory article of the kind ever placed before the profession. In the treatment of gonorrhœa, a good syringe is indispensable to successful treatment, and this is where we think so many cases prove a source of annoyance to both physician and patient. We recommend this instrument, and shall insist upon its use in our own practice.

NOTE the advantages of St. Francis' Bradley Hospital on page 130. If you have a patient that should be placed in a hospital for care or treatment not procurable at his home, advise him (or her) of this institution. The situation is very fine, the nursing careful and experienced, and the staff of medical attendants full and competent.

IF you have reason to prescribe malt in any form, you will find the preparations of Reed & Carnrick very satisfactory. We use them frequently, and have not had, in a single case, found any cause for complaint against them. No better preparations of malt are to be found in the market.

Digitized by Google

THE PEORIA

MEDICAL MONTHLY.

VOL. II.—OCTOBER, 1881.—No. 6.

Original Communications.

ART. I.—Registration of Births, Marriages and Deaths. By HENRY M. LYMAN, A. M., M. D., Professor of Physiology and Diseases of the Nervous System, Rush Medical College.

The bulletin of the National Board of Health for August 20, 1881, contains a copy of an act recently passed by the General Assembly of Delaware, making provision for the registration of births, marriages and deaths. This enactment is specially interesting to physicians, by reason of the fact that it recognizes the obligation of the State to pay for services thus rendered to the community, and makes distinct provision for such payment. The following extract shows how this is done:

"SECTION 12. Every person who is hereby required to return a certificate of a birth, marriage, or death to the recorder of deeds or registrar of deaths, and shall accordingly make such return, shall be entitled to receive from the levy court of the county in which such birth, marriage, or death took place the sum of five cents for each and every return so made, provided such account shall have been certified by the said recorder or registrar."

This is a beginning in the right direction. It is true, the fee is ridiculously small, but the principle involved is more important than the amount. If physicians would always refuse to serve the commonwealth without compensation, they would be more highly respected, and they could secure proper recognition of their services. It is to be hoped that the present unjust law of Illinois may soon be amended in this particular. There should be a public sentiment created which would render

Digitized by Google

it impossible for the State to cheat a man out of the value of his services. Quite in contrast with our American customs in this matter is the conduct of the English people. An English physician is never required to report even a case of measles or chicken-pox without being paid a handsome little fee for this service. In Edinburgh, last year, about five thousand dollars were thus paid by the city authorities to the physicians of the place for their reports of contagious diseases alone. Their fees are never less than twenty-five cents, and generally from fifty to sixty cents, for each report. Another evidence of the superior intelligence and honesty of those same authorities may be found in their assertion, accompanying this large disbursement, that they considered the money well spent for the advantage of the community.

If American physicians would unite in refusal to submit to the unjust laws which govern them in many parts of our country, they might soon enjoy those privileges and that consideration which are now denied to them in these matters.

ART. II—A Case of Cancer of the Stomach, Involving the Liver and Gall-Bladder, with Autopsy. BY G. N. JENNINGS. M. D., Tonica, LaSalle County, Ill.

Mrs. Graves, an intelligent married lady, aged sixty-six, mother of six children, full medium size, slightly inclined to corpulence, light complexion, came under my professional care May 15, 1881. She had suffered with dyspepsia and constipation since 1846, when she first settled in Illinois, and had a malarial fever of great severity. She now complains of a dull, heavy pain in the stomach and right side, and at times a burning sensation in that locality; has itching of the entire surface, poor appetite, light colored stools and dark urine. The pain in the stomach she describes as extending to the back with a sense of pressure. Food of all kind produces distress and sourness with eructation; nothing agrees with the stomach.

On examination I find a fullness and some degree of hardness at the epigastrium and extending into the right hypochondium. Over this space pressure produced pain, and percussion elicited a dull sound. The pulse, tongue and temperature showed no material departure from a normal condition. She was at this time about the house engaged in ordinary domestic duties. I prescribed a restricted diet, counter irritation over the seat of pain, tincture of nux vomica in small doses, and granules of resin podophylum, and at the same time suggested the existence of organic disease of the liver.

June 2d: a marked icteritious skin, urine has the appearance of beef's gall diluted with water, stools white, digestion painful and difficult, epigastric tenderness and fullness not

Digitized by Google

increased, a perceptible falling off in flesh and failure of strength, though she still keeps about the house. I now informed Mr. G. that doubtless there was organic disease of the liver and stomach, perhaps of a cancerous nature, and that I believed medicine could not cure, and might not even palliate.

I will not detail the expedients and remedies that were tried from this time onward and before, for an amelioration of symptoms, some of which appeared for a short time to have a favorable effect, but steadily the disease advanced and the suffering increased.

August 15th: Patient confined to the bed; has been unable to retain food or fluid on the stomach for the last twenty-four hours; nausea and frequent vomiting of mucus, streaked with blood. The skin is nearly an orange color under the clothing; face and hands of a coppery hue, emaciation considerable. Under the use of lime water, and milk with ingluvin, the vomiting subsided, and small quantities of liquid nourishment were given and retained. From this time there was rapid failure until August 29, when coffee ground vomiting and black, involuntary discharges from the bowels set in, and death closed the scene on the 30th, after a comatose condition of twelve hours.

Autopsy twenty hours after death: Present Dr. J. A. Vandervort, Dr. S. L. B. Black, Dr. F. C. Vandervort and the writer, all of Tonica, Ill. A crucial incision laid open the upper portion of abdominal cavity, and brought to view the stomach and liver; stomach distended with gas; pyloric extremity and duodenum embedded in, and bound down by a tough, semi-cartilaginous mass, that encroached upon the liver and embraced the common duct and head of the pancreas. After carefully and with considerable difficulty dissecting and separating the pyloric portion and duodenum from the surrounding mass, the stomach, with a part of the duodenum, was removed and examined. The stomach was empty and nothing unusual in its appearance noted, except the firm constriction at its pyloric orifice, which appeared to be, and in default of microscopic examination, was pronounced scirrous.

Next, the liver was removed and examined. The common duct was embraced in the same scirrous mass, and with the pancreatic, was entirely occluded by it. The gall bladder was enormously distended and contained two ounces of ropy fluid of a light greenish color, and intolerably fœtid odor, and also thirty-two gall stones, twenty-two of which were as large as full sized grains of corn or small hazel nuts. That portion of the gland within the transverse fissure, and embraced by the cystic and hepatic ducts, had undergone the same thickening and hardening process met with in the common duct and duodenum. The substance of liver was saturated with bile—a cut surface dripped with that fluid; otherwise no marked changes of a pathological character.

Digitized by Google

The pancreas was softened to such an extent that it broke down under very moderate pressure with the fingers. Other organs not examined.

Though this is not an excessively rare case, it presents an interesting study in pathology and diagnosis. The disease, which probably originated at the pyloric orifice, many years before, and produced dyspeptic symptoms, gradually extended to the duodenum, blocked up the ducts of the liver and pancreas, and finally destroyed their function altogether. The pylorus and duodenum being bound down by the scirrous attachments, their natural motion, necessary to carry on the digestive process, was restricted, their calibre narrowed, and digestion rendered difficult and painful. Obstruction to the flow of bile through its natural outlet caused its absorption and sent it over the whole organism—loading the urine, whitening the stools, and yellowing the skin. The presence of so large a quantity of gall stones, though remarkable, did not probably contribute to the fatal result; their existence may be considered incidental, though had not the passage been unnaturally contracted, they might have found exit with safety to the patient.

In regard to treatment little need be said; convinced as I was, early in the case, of its incurable nature, the treatment throughout was little more than palliative. An emeto-cathartic at the beginning of the jaundice, of resin podophylum, blue mass and ipecac was followed by partial amelioration of symptoms, though no bilious discharges were procured from stomach or bowels. Phosphate of soda, nux vomica, chionanthus, nitro-muriatic acid, were among the remedies resorted to beside those already mentioned. Opiates were used in the last stage combined with atropia, and administered per anema.

Dr. S. L. B. Black was called in consultation and confirmed my diagnosis, and Dr. C. F. Vandervort rendered important aid in the post mortem examination.

ART. III.—Black Haw. By ROBERT BOAL, M. D., Peoria, Ill.

Among the indigenous remedies introduced to the profession, no one is entitled to greater confidence, or has received comparatively so little attention as the viburnum prunifolium, or black haw. When first brought to notice by a southern physician as a remedy to prevent miscarriage, that was supposed to be its sole remedial virtue. Experience has proved its applicability to other uterine affections. Not only is its anti-abortifacient power well attested by several observers, but in other uterine affections it is of undoubted efficacy. I have treated a few cases of threatened abortion and premature labor, with the viburnum, with successful results. In my judgment it will quiet uterine action with more certainty than any other anodyne, or anti-spasmodic. In a recent conversation with a med-

Digitized by Google

ical friend, he extolled its virtues highly, and said that it seldom disappointed him in its effects. Every physician who has practiced for any length of time has often been disappointed in the effect of opium in arresting threatened abortion, and many entertain the opinion, that in many cases it facilitates, rather than prevents, its occurrence. If the statements of many who have tried the viburnum are reliable, we have a remedy for a threatened danger to a pregnant woman, that is invaluable, and one that may save the lives of many children.

In dysmenorrhœa, especially in the spasmodic form which occurs in women of delicate habit and a sensitive, nervous organization, its action is usually prompt and beneficial. In the majority of cases of what is called functional dysmennorhœa, it will afford decided relief, if properly given, and in those cases that are due to flexions, narrowing of cervical canal, or other organic causes, its palliative effect is often well marked. The sympathetic disturbance of other organs preceding and during the menstrual flow, particularly the instability of the stomach, renders the exhibition of remedies no easy task. Many women have an idiosyncrasy with regard to any preparation of opium, which renders its administration unpleasant and often useless in relieving pain in consequence of the nausea, vomiting and other unpleasant effects following its use. It is in these cases the black haw is peculiarly well adapted. Although its taste is bitter, it usually agrees with the stomach, and according to my experience is seldom rejected or produces nausea or other disagreeable results.

Its mode of action is anodyne and antispasmodic. Beyond its power of relieving pain, I have observed no other apparent effect upon the system. While the remedial power of viburnum is inestimable, it commends itself to the profession in another point of view. If it will relieve the pain preceding and during menstruation, for which opium and alcoholic stimulants are ordinarily given, it will remove the danger of contracting the opium habit, or the intemperate use of intoxicating drinks, which have blighted the lives and destroyed the health and happiness of so many. If the viburnum will supply the place of these potent agents, and accomplish all, even more than they; if danger to pregnant women can be averted and the lives of children saved; if the agonizing pain can be palliated or relieved, and the formation of habits as strong as death can be prevented or avoided—then we have a boon in this agent whose value it would be hard to estimate. Whether it will accomplish *all* that is claimed for it more extended observation and experience in its use will perhaps be necessary. That it will do *much* in the affections for which it has been used, I *know* from experience. The fluid extract is the preparation I have used, giving it in half drachm to one drachm doses, repeated

Digitized by Google

every one, two, three or more hours, as the exigencies of the case may require. In consequence of its bitter taste it is best combined with some of the syrups, or what is better, the aromatic or simple elixirs, in equal parts.

ART. IV.—A Case of Ichthyosis. By F. C. VANDERVORT, M. D., Tonica, Ill.

This is a typical case of ichthyosis, and for the benefit of those who are not familiar with the disease, I will give a general description. I saw this case first when the child was eight months old, when its skin presented the appearance of the scales on a fish. The first time the mother ever put her hand on the child, she felt his skin was cold and stiff, like oiled paper. Scales soon developed all over his body, with the exception of soles and palms; there were, however, contrary to the rule, some scales on these.

To the naked eye the prominent characteristic is an excessive development of epidermis. It is a squamous disease, classed with psoriasis and pityriasis. It is named ichthyosis from its resemblance to a fish skin. Its cause is unknown. It is congenital, and lasts through life. It occurs more frequently in males than in females. Seasons vary the appearance, the colder the weather the more scaley, probably on account of the lessened perspiratory action of the skin; however, at any time the function of perspiration seems to be almost entirely suppressed.

The scales are large and thin, peel off with some difficulty, and leave a surface neither rough nor smooth, as in psoriasis, nor moist, as in eczema, but smooth and natural. In pityriasis the scales are very fine and easily detached; nor is the disease so general.

By observing these points the diagnosis becomes easy. Prognosis is unfavorable for a recovery, although the general health is unaffected by the local lesion. This disease is a congenital deformity, as much as the child with three arms. In the latter case the deformity might be remedied by the surgeon's knife, but in the former the disease is too general to be eradicated in such manner. In this case of mine the boy is perfectly healthy and stout. In this disease we must impress upon the parents the permanence of the disease and keep them, if possible, from trying every traveling quack that comes along.

Treatment is simple. Remove the scales with green soap, or any alkaline soap, and keep the skin lubricated with vaseline. If this treatment is persisted in, the skin will become quite soft and supple, but when attention is stopped, the scales return the same as ever.

This case has become clean several times, when the parents believed it was cured, and relaxed the treatment. It, however,

Digitized by Google

returned. May we not by this diligent and persistent treatment (avoiding the practice of dosing the patients with nauseous drugs, to undermine the health) get a result in the shape of a skin that will not be so disgusting as those we generally see?

ART. V.—Inunctions in Scarlatina. By J. P. WALKER, M. D., Mason City, Mason County, Ill.

During the winter and spring of 1854 I discovered the fact by actual experiment, that scarlatina was propagated by and with the furfuraceous desquamation of the skin of the sick, and later I was fully convinced that the disease was disseminated in no other way.

These facts with my plan of treatment, were communicated verbally to our society and to my neighboring practitioners, from time to time, ever since that date. In this vicinity the *greasing* plan has been used by nearly all physicians; as well for the immediate comfort of the sick, as for the almost certain protection assured by it to the community at large, when continued until the skin was in every respect restored to its natural perfectly healthy state in appearance and function. About the same time I found that potasic iodide was almost a specific for the cure and the protection of this dreadful malady. These *ideas* were published in the transactions of our State Medical Society, 1875, page 23, as a short article read by me before the society at Jacksonville, to which I refer for my theory and plan of treatment.

In 1878, Dr. Hale (homoeopath) of Chicago, in the Chicago *Inter Ocean*, claimed precedence in the use of the oiling plan during the fever, to which I replied in the same paper, stating that inunction had been practiced in Germany for more than one hundred years before he was born. I have not heard from him since.

In April, 1881, Dr. J. B. Garrison comes to the front in the Indiana *Medical Reporter*, claiming priority as discoverer of the fact that scarlatina was only propagated by the desquamative material from the skin.

Finally the *London Lancet* comes out, very charily, in the June number, 1881, page 938, on the authority of Mr. Rix of the fever hospital, and admits the fact that the desquamation is the principal factor in the spread of the disease, but does not hint that they have any idea how the propagation of the malady might be prevented, which I believe is of much greater importance to the community than all methods of treatment can ever be.

I refer you to my article in the transactions of the Illinois State Medical Society, to the records of our local societies, and to the physicians of Mason, Logan and Menard counties for the evidence that I have held and taught these views, and practiced

Digitized by Google

accordingly with constantly increasing faith until this time. Further, that I have not met a single case of abscess or effusion where the treatment was commenced early and continued until all of the effects of the fever had subsided entirely.

I am of the opinion that Dr. J. B. G.'s method of carbolizing the oils will prove of the greatest advantage in the treatment and prevention of scarlatina; as I have used carbolized cosmoline in rubeola with the most satisfactory results, allaying the terrible itching, and abating fever to a very considerable degree.

Where does the *Lancet* find the discussion which it intimates has been held about this disease being carried by the disquamation?

The only printed articles on the subject, as far as known, are my own, referred to above, Dr. J. B. Garrison's, of April, 1881, and my reply to him in the July number of the *Western Reporter*.

Why do not such works as the *London Lancet* and the *American Journal of Medical Science* give country practitioners due credit for their work and discoveries, although they may be published in unscientific composition. From this time on I am for home manufactures and mutual protection.

ART. VI.—**Gunshot Wound of the Intestine.** By JOHN STOUT, M. D., Peoria, Ill.

In view of the great interest manifested of late in gunshot wounds, I may be pardoned for recording the history of a very unique and interesting case which came under my observation during the present summer, and trust it may not be without interest to some of the profession.

N. M——, aged twenty-three years, a strong, muscular man, was wounded by a bullet from a pistol while taking part in a riot which occurred in this city on the evening of July 18, 1881. The party doing the shooting stood at a distance of six or eight feet from him. The bullet (calibre 38-100 of an inch) entered the body over the costal cartilage of the seventh rib, at a point one-half inch below the ensiform cartilage and one and one-half inches to the right of the median line. The ball did not penetrate through the costal cartilage, but after striking it glanced downwards in its course and penetrated the small intestines at some point. When first seen the patient was suffering from shock, but not to any great extent. There was no external hemorrhage, nor had there been any to speak of, nor were there any evidences of internal hemorrhage, as would naturally be expected in such cases. The only thing he complained of was a very sharp and severe pain at the point of entrance of the bullet, and a dull aching pain over a circum-

Digitized by Google

scribed portion of the umbilical region. The patient was removed to St. Francis' Hospital, and rendered as comfortable as possible by the use of opiates, etc.

July 19, 8 A. M. Found that he had passed a very comfortable night. The pain at the seat of wound was not as severe as on the night previous, but it was aggravated by his taking a full inspiration. There was no pain or tenderness over the abdomen. There was a slight febrile action, the temperature being 100°, and pulse 92.

6 P. M. There is still a slight pain at the wound, but has had no pain over the abdomen. Has had considerable fever during the day. The temperature now being 101⅘°, and pulse 120.

July 20, 8 A. M. Rested very well during the night; has no pain at wound except when taking a full inspiration. Has a feeling of numbness over the umbilical region. Temperature 99°, pulse 82, or as near normal as could be expected. Has eaten some breakfast, says he feels all right, and wants to get out.

6 P. M. Pulse and temperature same as in morning. Bowels moved once during the afternoon.

From this time nothing of any moment occurred until the 22d, when his bowels became quite active, having several stools during the day. The next day he had but two stools, and with the last one came the bullet, covered with a slimy mucus. He had no signs of fever since the 19th, his appetite was very good at this time, and there were no unfavorable symptoms.

July 25. Yesterday there existed a dull pain in the left lumbar region, but this disappeared during the night. Has had no stool since the passage of the bullet until to-night. His appetite is now very good, and food digests well; says he feels as well as he ever did; got up to-day and walked about his room for the first time.

The wound did not show any signs of healing until the 23d, when for the first time there was a slight discharge of pus, and from this time it began to improve, but was not entirely healed when he left the hospital, which was on August 1. But the question of most importance to us is: What course did the bullet take on entering the body? As to this we are only able to surmise, for there were no symptoms at any time to show us where the bullet was. When first seen I attempted to ascertain whether the ball had gone directly through the costal cartilage, but I was not able to find any opening, and came to the conclusion that after striking the cartilage it had glanced downwards. The next question is where did it enter the intestines. That it did so is very evident; but how it could do so without piercing the peritoneum and causing peritonitis is another thing; but such in all probability was the case, and gives another evidence to us that the peritoneum may be injured without producing a fatal result.

Digitized by Google

ART. VII.—Pyæmia. Read before the McLean County Medical Society, Sept. 5, 1881. By W. E. GUTHRIE, M. D., Bloomington, Ill.

If there is one subject more than another *sub judice* by the medical profession to-day, that theme is pyæmia and its concomitant, septicæmia. I have conversed with several learned physicians, and conned over all the volumes at my command, and no two of them have I found entertaining the same ideas upon the subject of this paper. There was once a man who said when he tried to agree with everybody he agreed with nobody, but when he suited just himself there was always one satisfied, so instead of trying to conciliate all theories, I shall take what suits me from each, and perhaps spin some of my own.

Pyæmia literally means pus in the blood. When the name was first given it signified far different from what it now does. The old pathologists thought what we now know to be an excess of leucocytes, produced by irritation of the lymphatic glands, were pus corpuscles; and, as this condition was invariably present in this disease, gave it the name it now bears.

Pyæmia is the superlative of unhealthy inflammation. As a rule there is no pyæmia without septicæmia, and no septicæmia without inflammation of some kind.

Atmospheric causes predispose to pyæmia by producing a deteriorated condition of the blood. It has been proven by experiment that poisonous materials may be inhaled by the lungs and so reduce the nutritive properties of the blood as to render its possessor an easy victim to disease. The foul air of crowded hospitals and of low dirty districts has this effect.

Improper nourishment is always a precursor of disease, and upon its entrance into the vital citadel, hastens to open the gates the healthy blood has closed against the enemy of human kind. The causes particularly exciting to pyæmia are injuries, surgical operations, erysipelas, carbuncle, the puerperal condition, typhoid fever, dysentery, gonorrhœa, etc.

An injury, as in a surgical operation, is the most common cause. A leg is amputated. The wound is closed and sutures and straps applied, and often not any means afforded for drainage. There is a certain amount of serum exuded, and more or less of it—as its exit is trammeled or free, is absorbed by the open lymph channels and carried into the circulation. This acts as an irritant to the tissues of the body, increases cell action and produces what we know as inflammatory fever. The inflammatory process is now well under way in the wound. On account of impure air, bad food, or some cause acting directly upon the granulating surface, the pus looses its laudable character and becomes thin and sanious. If this agent influencing it be of a peculiarly virulent character, the glands in the course of the lymph vessels become inflamed and glandular abscesses form; if not, they are only stimulated to increased action, and

Digitized by Google

a large excess of leucocytes are there formed, which, mixing with the blood, prepare it for the easy formation of thrombi and the conveyance of emboli. In the stump, if drainage be not well maintained, the virulent fluids infiltrate the tissues of the wound, break down the thrombi formed in the orifices of the veins, and portions of the clot holding much virulent *liquor puris* and detritus become emboli in the venous current.

In the mean time the blood is so deteriorated and mingled with irritating substances, that instead of nourishing the nerve centers, it is so strong an irritant as to produce a nervous shock —a vaso-motor paralysis. The most vascular portions of the body—the internal organs—are then engorged with blood at the expense of the periphery, and we say the patient has a chill. Rigors do not indicate a cooling of the blood, but its absence from the surface. Shortly reaction takes place, the cutaneous vessels are tumid, its glands excited to intense action and there is copious sweating.

The intestinal glands being the most sensitive to increased blood pressure, serous diarrhœa commences to assist the debilitating influences at work upon our patient, and at the same time to eliminate some of the poisonous elements.

The essential constituents of the blood itself degenerate —many red corpuscles break down and set free their coloring matter, which tinges the skin of an icteric hue. This coloring principle was formerly attributed to the bile, and was supposed to result from abscess of the liver, but jaundice with absence of hepatic lesion disproved this theory.

Many or all the granulations in the wound are destroyed and it presents a peculiarly livid color. If there be any discharge—and there usually is little—it is of a sanious, putrid character. Pain in the injured part is almost or quite absent. Its venous thrombi are broken up into emboli and carried to the right heart and pulmonary circulation. If these floating masses be sufficiently small they pass through the capillaries of the lungs, back to the left heart and are finally arrested in other organs or tissues.

An embolon finds lodgment in the lungs. The capillary area which received and aerated the venous blood carried by the now occluded vessel, is left empty, and the arterial blood from the bronchial arteries is sent in such quantities to the part as to produce active congestion and an hemorrhagic infarct, as Virchow calls it, results. The purulent material contained in the embolon, together with the excess of blood pressure in the part, now cause inflammation and suppuration, and an abscess is formed.

The emboli that have passed through the vascular system of the lungs are enlarged by accumulations in their course and find lodgment in the liver, spleen, kidneys, brain and other portions of the body, where a somewhat analogous process to that de-

Digitized by Google

scribed in connection with the lungs takes place. Every time there is a new quota of pus enters the circulatory system, there is nervous shock, chill, with its following reaction—fever, sweat. If the abscesses formed in the lungs be near the surface, inflammation of the pleurae is excited, and on post mortem that membrane is found covered by spots of lymph deposit, aud the pleural fluid freely mixed with flocculi. The inflammatory mass may be near a bronchial tube and increased secretion be excited in its mucous membrane, and the patient has intercurrent bronchitis.

The induration and abscesses in the liver and kidneys may, in the former, retard the portal circulation and produce ascites, in the latter albuminuria and general anasarca.

Purulent deposits more or less suddenly take place in the joints, and in them the patient complains of excessive pain. The pathology of this condition is so little understood that nearly all authors evade its discussion, and I shall do likewise, and call upon the members of this august assemblage for an explanation of this phenomenon. In the brain abscesses may (though they do not commonly) form, and there is strabismus, dilatation of the pupils, and other evidences of compression.

Ere this period of the malady, the sanguineous current is so saturated with the materies morbi that the nervous centers are denied their wonted stimulus and food, and the patient sinks into a condition of low muttering delirium and coma. His power over the sphincters is lost and the urine and feces pass away unknown to him. Death almost always occurs, and from one of three causes: From abscesses formed in the heart's substance, producing paralysis; from exhaustion as the result of the recurrent shocks the nervous system has received, or from inanition caused by vitiation of the nutritive fluid—the blood. The last is by far the most common mode by which life makes its exit. Naturally, to the student of pyæmia several queries arise. Is the disease ever idiopathic? Is it a primary disease depending upon no other and originating *de novo?* In my own mind I cannot entertain a doubt but that it is caused by metastasis from a previously suppurating surface. To be sure, there have been instances of its occurrence where the cause was not determined, but that there was some point, some center of infection that might have been found had the examination been more careful, seems to me evident. When such causes as a slight contusion of the scalp, typhoid fever, dysentery, gonorrhœa and prostatorrhœa are productive of pyæmia, surely we have a right to infer that some slight phlebitis or other similar condition may have explained the origin of the so-called idiopathic cases? Does pus really enter the blood? This is the great question that has formed factions among pathological philosophers. The older pathologists in their examination of pyæmic

Digitized by Google

blood found an excess of white bodies, and jumped at the conclusion that they were pus corpuscles. Now we know they are produced in the lymphatic glands from the irritation brought to bear by the passage of the septic matters through the lymph vessels. Virchow's great name worked a temporary revolution, and every one said for a time pus does not enter the circulation. This great author and his followers would lead us to believe that the essential part of pus is its corpuscle. Pus, as we find it, is composed of two parts, the corpuscle and the *liquor puris*. The corpuscles of laudable pus, of gonorrhœal pus, of the pus of glanders, of the malignant pustule of variola, and the leucocytes of the blood have all undistinguishable properties, yet the pus of gonorrhœa, glanders, malignant pustule and small-pox, each produce a specific disease. Gonorrhœal pus does not produce glanders; the pus from a small-pox pustule will not produce malignant pustule, yet the best microscope cannot distinguish the corpuscular elements of everyone of these diseases. These thoughts lead me to make the statement that the corpuscle is not the essential element of pus; that it gives in its color and consistence, and not its nature, and that it derives its essential characters from the *serum* or *liquor puris*. The pus globule and the leucocyte are identical, not only in appearance, but in composition and function. The pus globule is simply a leucocyte, possessing no distinctive property. The character of pus is derived from its *serum*, and this character is given it by the organic matters it contains. This material, I believe, is what may pass from one patient to another and what enters the lymphatics and veins, and produces septicæmia and pyæmia, when an entrance is made possible by any cause.

When a wound is first received the blood coagulates in the opened veins, and there is no present opportunity for septic fluids to enter the circulation by that channel. The lymphatics, however, are patent, and offer a ready means of absorption. If the fluids absorbed are of a nonvirulent character, there is merely inflammatory fever. If they be virulent, intense febrile action is set up, glandular abscesses form, and we have the condition septicæmia. If the thrombi, occluding the severed veins, be disintegrated by the action of the fluids of the wound, or by the vitiated condition of the blood, its particles saturated with the serious, essential portions of pus become emboli, and metastatic abscesses are formed, and we have the condition—pyæmia. It is in this disease that the old adage, "An ounce of prevention is worth a pound of cure," is peculiarly applicable. Once let metastatic abscesses form, and treatment is of little avail. The subject of prevention opens up the whole field of surgery as it pertains to the care of wounds. By proper treatment pyæmia may be prevented in the large majority of cases. Wherever union by first intention can be obtained, no fear need be entertained of purulent infection. The wound needs

Digitized by Google

to be perfectly clear, and drainage kept up in the best manner possible. Antiseptics are of inestimable value, and should be used persistently. Listerianism has done much to banish pyæmia from the history of injuries and operations, and merits further encouragment from our profession. Were it practicable so to do, no wound should ever be closed till all oozing has ceased. Save in hospital practice this course is rarely carried out. Cleanliness should not be limited to the wound; the body of the patient and the instruments and cloths used in dressing should be beyond all suspicion of sepsis. The atmosphere must be pure and abundant in quantity, for upon this one as much as any condition depends the constructive ability of the blood. Cheerful and pleasant surroundings greatly aid recovery from any sickness. There lacks much of being a specific for this malady. In fact, I doubt if remedies effect any purpose, save the one, to support the powers of life, to sustain the system while the poisonous principles are being eliminated and to prevent the absorption of further quantities, if such be possible. The large proportion die despite all treatment, and the proportion saved is probably not much greater in the hands of the learned than in those of the inexperienced. The peculiarly fetid character of the sweat, urine and feces of these patients should suggest to us the propriety of aiding elimination instead of checking it, as is often the practice. Judgment is, however, required in some cases in deciding which is the greater evil, the debilitating diarrhœa and sweats or the effects of the poison upon the system. Quinine in large doses supports the nervous powers, and prevents, to a certain extent, the rigors that so weaken our patient. Minute doses of alcohol and nutritive fluids should be given, milk, beef tea, etc. Modifications and additions may be suggested, but these few remedies and this line of treatment are types of all with which we are acquainted. We should always view with anxiety the onset of the first rigor, and put forth our strongest efforts to counteract the poison, whose presence it denotes.

Translations.

PANCREATINE.

Recent investigations of Van der Veldens and other physiologists, have revealed the fact that in the stomach the food undergoes two stages of digestion. In the first of these stages the secretion of hydrochloric acid has not yet occurred, and hence the ptyaline contained in the saliva swallowed with the food, as well as pancreatine taken as an adjuvant to digestion have full sway. Their action consists in the conversion of starch into sugar, of fibrin and other albuminoids into soluble

Digitized by Google

compounds, and in the splitting of fats into glycerine and fatty acids. In the second stage pepsin becomes active by the supervention of hydrochloric acid now secreted, while both ptyaline and pancreatine are rendered inert or destroyed by the same acid. From this it follows that when the chyme enters the duodenum, it is almost if not quite ready to be absorbed, and that little work remains to be done by the pancreatic juice. Thinking that pancreatine, on entering the stomach, immediately comes into contact with the acid, and thereby is rendered inert, just as it is under similar conditions outside of the body, the hesitation with which many physicians prescribe pancreatine is only natural, but their fears are unfounded. The division of stomachic digestion into the two separate processes or stages as described, also affords an easy explanation to the puzzling fact observed in practice, that the administration of pancreatine very frequently greatly improves the digestion of a dyspeptic patient.

NEW USE OF PEPSIN.

Not unfrequently we find a patient who cannot take a certain drug because his stomach is affected by it to an annoying degree, and we are obliged, reluctantly, to abandon its use. Quinine, for instance, in many patients, produces very severe pain in the stomach. Dr. Finsel has found that quinine is tolerated very well by patients so affected if, instead of sugar, pepsin be added. Even after continued use of such mixture, no gastric irritation was observed. Dr. F. thinks that this use of pepsin may be extended to other drugs, such as digitalis, which frequently disagrees with patients. Pepsin should, of course, not be added to substances destroying its digestive powers. Acids are well borne when combined with pepsin. A good form in which to administer them and in which their action on the teeth is avoided is wafers. Dr. F. spreads the pepsin out on a wafer, drops the acid on top, covers it up with more of the powder, closes the water and lets the patient take it with a drink of water. The pepsin may also be mixed with the acid by trituration, and then filled into the convenient "empty gelatine capsules."

IODOFORM.

This substance has of late years been established as a standard application in many forms of skin disease, in indurations, ulcerations, pleurisy, pericarditis, syphilitic and many other affections, but its pungent, extremely disagreeable odor has stood in the way of its more general use. Neither ether nor oil of peppermint, nor any other substance proposed would disguise the odor completely. After a series of experiments, Dr. Lindermann, in Muenster, finally found in balsamum peruvian a substance which perfectly covers the odor, and is itself not disagreeable to the most fastidious nose. He prescribes two parts or

Digitized by Google

more of the balsam to one part of iodoform with lard, cosmoline, glycerine, alcohol or collodin as a vehicle. It is best to first mix the balsam and iodoform thoroughly before adding the vehicle. The following prescriptions are frequently used by Dr. L.:

℞	Iodoformii	15 grains.
	Bals. peruv.	½ drachm.
	Vaseline,	
	or adip. suill,	
	or ungt. glycerini	4 drachms.
℞	Iodoformii	15 grains.
	Bals. peruv.	45 grains.
	Spir. vini,	
	or glycerini,	
	or collodii,	3 drachms.
Misce. ungt.		

O. J. ROSKOTEN, *Stud. Med.*

Periscope.

A Quarterly Retrospect of Surgery.

In the September number of the *Canada Medical and Surgical Journal* we find a very interesting communication under the above title by Dr. F. J. Shepherd. The article is too long to be reproduced entire, so we shall give extracts from the most interesting subjects spoken of:

Resection of the Intestines.—Three cases of resection of the intestine have lately been reported by Czerny. In two, a coil of intestine which had become gangrenous as a strangulated hernia was removed; in the third a malignant tumor of the colon was excised. In one of the first two instances the patient recovered without fever or reaction of any sort; in the second the patient died during the operation in a fit of vomiting. In the third case, a woman, aged 47, had a large tumor of the transverse colon, which was attached to a coil of the sigmoid flexure. Part of the sigmoid was first resected and the ends brought together with thirty-three sutures, and then a wedge-shaped piece of the meso-colon was removed and ligatured. A drainage tube was inserted and the wound in the abdomen closed by deep and superficial sutures. The patient recovered, and was living a half a year after the operation. Antiseptic dressings were used.

A more remarkable case, successful, is reported by Koeberle, of Strasburg, which was not done antiseptically. A young lady, aged 22, had suffered frequently from colic, and in October, 1880, symptoms of intestinal strangulation occured twice in fifteen days. Gastrotomy was performed on November

Digitized by Google

29. Four strictures were found involving six and a half feet of small intestine, the slightest having a diameter of one-sixth of an inch. He removed six and a half feet of intestine and tied twelve vessels. The ligatures from the two free ends of the intestine were tied together and attached to the fibrous tissue of the linea alba through a suture which retained them in contact with the peritoneum at the inferior angle of the abdominal incision. The ligatures of the mesentery were brought out at the inferior angle also and were retained, together with the sutures of the intestine in a fixed position. The superior part of the wound was partially closed. Enterotomy was performed on the third day; the ligatures and sloughs separated on the 12th to the 13th day; the first alvine discharge took place on the 20th day. In six weeks the external wound was closed and healed. At present writing the patient is perfectly well.

Resection of the Stomach.—The operations made by Billroth and his assistant have excited no little comment in surgical circles. The fourth patient on whom Prof. Billroth performed this operation, lived for several months; sufficiently long to establish the occasional advisability of this operation. A post-mortem was obtained by Dr. Zeman, who found that death resulted from metastatic deposits of cancer throughout the entire peritoneum, duodenum and jejunum. The stomach remained quite natural in form, and no one would have guessed that fourteen centimeters had been removed from it. The woman had not suffered from any digestive troubles, but had taken and retained her food. At the point of junction of the duodenum with the lesser curvature of the stomach there was no stenosis, the thumb being easily passed through the orifice. The union was perfect in all respects, so that hardly a scar could be perceived along the line of suture.

Removal of the Spleen.—This old operation has from time to time been performed. A prominent surgeon of Detroit has lately incurred a great deal of obloquy by removing this organ for hypertrophy. Of course the operation was unsuccessful. In March, Dr. Chiarleoni, of Milan, Italy, performed splenectomy on a patient suffering from paludal cachexia. The adhesions were strong and considerable hemorrhage ensued. The patient died in a few hours. This is hardly destined to become a "favorite" operation.

Transplantation of Bone.—Dr. MacEwen reports a successful case of transplanted bone. The patient was a child four years of age, who had lost two-thirds of the shaft of the humerus by necrosis fifteen months previously, and in whom no osseous repair had occurred. The limb was of course useless. Dr. MacEwen proceeded first to make a groove in the soft tissues in the position of the bone, relying for this on his anatomical knowledge, and then placed in this groove small fragments of wedges

Digitized by Google

of bone removed from other patients for curbed tibiæ. The result has been that a good new bone has been formed, the new portion has united firmly to the upper epiphysis and lower part of original shaft, and the bone is only half an inch shorter than its fellow.

So-called Rupture of the Internal Lateral Ligament of Knee Joint.—Dr. C. A. Jersey concludes that the injury in question really consists in a fracture of the tuberosity, into which the ligament is inserted. His conclusions are as follows: 1. Many cases of so-called rupture of the internal lateral ligament of the knee-joint are, in reality, cases of fracture of the internal tuberosity of the condyle. 2. Many of the more severe sprains are fractures of the tuberosity. 3. The absence of bony crepitus is no certain sign of non-existence of fracture at this part. 4. The diagnosis rests on the extreme lateral motion, the severity of the pain on manipulation, the localized pain always found at a certain point, and the length of time required for complete recovery.

Tracheotomy.—Dr. Faulis of Glasgow, says the tubes generally made for children are too large, and that, as a rule, when used in very young children, completely fill the trachea. He employs five sizes: Below 18 months, diameter 4 mm; 18 months to 2½ years, 6 mm; 2½ to 10 years, 8 mm; 10 to 20 years, 10 mm; largest size, 12 mm. As a rule for opening the windpipe, he, contrary to the general rule, recommends that the incision should be made through the isthmus of the thyroid, in the middle line where he says it is as destitute of blood vessels as the middle line of the tongue or perineum. If a tube is to be worn, it is better not to have the cricoid cut, for its elastic spring keeps up a continued pressure on the tube, leading slowly to irritation, and it may be perichondritis. In the after-treatment he disapproves of the use of steam.

Dr. Jules Boekel reports twenty-four cases in two years of tracheotomy by means of the thermo-cautery. In these cases he employed the thermo-cautery to divide all the tissues down to the trachea, generally at a white heat, but the trachea he opened with a bistoury for fear of subsequent contraction, a fear which he has since learned to be hypothetical. There is rarely, he says, fear of primary hemorrhage, and he never experienced any trouble from secondary hemorrhage. Mr. Golding Bird holds that it is improper to introduce the tracheotomy tube immediately after the trachea has been opened. He says no tube should be introduced until the trachea has been cleansed, as far as possible, from all foreign bodies, as membranes, blood clots, etc, etc. He used a German nose speculum, the blades of the instrument being inserted into the tracheal wound and then screwed open. The objection to this is, that the constant presence of an instrument pressing against the sides of the trachea would be a continual source of irritation, and possibly might give rise to erosion.

Digitized by Google

Treatment of Uterine Sub-Involution.

All agents whose tendency is to contract the blood vessels, muscular fibres and produce absorption of enlarged areolar tissue are indicated. Hot injections, iodine to the cervix and endometrium, carbolic acid and iodized phenol to uterine cavity, saline baths, general friction massage, electricity—local and by baths—(faradic chiefly) scarification and leeching to the cervix at weekly intervals. Tonics of iron, quinine, strychnine, ergotine, etc. Always reduce any laxation of the organ if existing, unless contraindicated by old adhesions, and maintain the normal position by a well-fitting, comfortable pessary.

All super-incumbent weight from the abdomen should be taken away; the clothing should be supported by the shoulders, and not by the hips as is usually done. In women, whose abdominal muscles are much developed, relaxed and covered with a thick deposit of adipose matter, the external supporter answers a "long felt want."

A lacerated cervix or perineum should always be attended to ere any further steps be taken toward treating a sub-involuted uterus.

Injections of hot water, after the method taught by Emmet, of New York, should be used continuously.

According to his teaching, all pelvic congestion is venous, and the term "chronic inflammation" is a misnomer, so far as it applies to the organs in that cavity, because the arterial vessels are not involved in that process. It is in the chronic venous congestion, constituting the chief factor in sub-involution and hyperplasia that its use is so beneficial.

The douche is preferred to the ordinary syringe; the stream is continuous and uninterrupted; the patient should be prone, hips elevated, thereby emptying the pelvic veins by gravitation.

The water should be as hot as can be tolerated. Nervousness and sleeplessness, frequent accompaniments of this morbid condition, are often allayed by the hot douche just before bedtime.

Topical applications of Churchill's tr. of iodine to the uterine cavity by means of a probang are very beneficial. A method preferable is the introduction of soluble medicated bougies into the cavity by means of a hard rubber tube devised by Drs. Barker and Munde, of New York.

These tents or bougies are introduced without difficulty and allowed to remain and dissolve, the cervix being plugged with cotton to prevent the escape of the fluid.

Very little pain follows this procedure. Now and then colicky, supra-public pains supervene in highly nervous subjects, but as a rule no pain follows. These bougies are medicated with iodine, iodoform, zinc, etc.

The injection of alterative agents into the substance of the cervix has been employed by Munde, of New York, Bennett, of

Digitized by Google

London, and Delore, of Paris. The first-named claims to have had no pleasing results from the method. The experience of Dr. Lusk, at Bellevue Hospital, has by no means been gratifying. He had one case of peritonitis, and death to follow the treatment. Ergotine, iodine, iodide of potassium and chloride of zinc have been the agents employed by these experimenters.

Local depletion has proved favorable in the hands of many gynecologists. Dr. Munde says that the indications for local depletion are two-fold, viz: 1st, to disgorge the loaded uterine vessels in acute inflammation or chronic hyperæmia; and 2d, to stimulate the sluggish circulation, either by unloading the estalic veins and the resultant reflux of a fresh stream or by the nervous shock of the depletion. All authors claim better results from the scarification than the natural or artificial leech. Butler's instrument I use through a cylinder speculum. It is thrust into the cervix to the depth of $\frac{1}{8}$ or $\frac{1}{4}$ of an inch, and from one to two ounces of blood withdrawn. Secondary hemorrhage rarely follows.

A tampon soaked in glycerole of tannin applied to the cervix will preclude the possibility of hemorrhage. The time I prefer for local depletion is immediately after menstruation.

The tampon of cotton wool, of itself, is a valuable agent in the treatment of sub-involution. Its object is to retain the uterus in its normal position or in any position it may be desired to place it, and as a means of sustaining a prolapsed ovary. In addition to this as a mechanical support and stimulus to the pelvic vessels, and an alterative to the pelvic tissue by means of direct pressure.

These tampons should be saturated with the glycerole of tannin. The hydragogue effect is sometimes marvelous when allowed to remain twenty-four hours. Sims says of it: "Glycerine has a great affinity for water, and when applied to the cervix, as above directed, it sets up a capillary drainage by osmosis, producing a copious watery discharge, depleting the tissues with which it lies in contact and giving them a dry, clean, inoffensive, healthy appearance."

The tampon can only be applied satisfactorily by means of a Sims' speculum.

Ferruginous tonics should be used continuously in cases where there is a tendency to mennorrhagia.

In such cases strychnia, digitalis, and all vegetable tonics should be used continuously and persistently during the treatment.—*Obstetric Gazette.*

Aspiration of the Gall-Bladder.

Dr. P. H. Kretzschman reports a successful case in the Proceeding in the Medical Society of the County of Kings, September, 1881, of which he says:

Digitized by Google

Five times has the gall-bladder been aspirated; *thirty-four ounces and a half* of bile have been removed within one month. At every operation the patient felt much relieved, and since the first withdrawal of bile the constitutional symptoms diminished in severity. At no time did the operation itself place our patient in danger, and generally speaking there was no pain attached to it.

The following generalizations he appends to his paper:

I. The operation can be performed with *safety*, without taking particular precautions in uniting the walls of the gall-bladder with those of the abdomen.

II. The operation can therefore be done as soon as the diagnosis of a dilated gall-bladder has been made, if, from its size, there seems to be danger of rupture; or if the patient suffers much pain. Aside from these conditions, when aspiration should be resorted to without hesitation, the question presents itself whether it would not be good practice to evacuate the contents of a distended gall-bladder under all circumstances, simply to remove the superfluous vile, which, being cut off from its natural destination, is bound to be reabsorbed by the lymphatics, carried back into the circulation and produce, to a greater or lesser degree, a condition which is generally known as "cholæmia."

III. A very fine trocar, such as would be of not much value in case of simple puncture, can be employed, and by means of suction even a tenacious fluid can be removed from the gall-bladder.

IV. The insertion of a small trocar or an aspirating needle is almost a painless procedure.

V. In cases of doubt as to the presence of gall-stones, a flexible probe can be passed through the canula and used as a sound.

VI. Aspiration being a safe and painless operation, it can be employed for the purpose of aiding diagnosis.

The rules for performing the operation are thus formulated:

I. Aspiration should not be delayed, but resorted to as soon as the diagnosis of distended gall-bladder has been made.

II. A good sized aspirating needle, or a fine trocar should be used.

III. The instrument should be introduced into the gall-bladder at a point as high up and as near to the border of the liver as possible.

IV. On withdrawing the instrument, the punctured wound in the abdominal wall should at once be closed by some kind of plaster, or by the introduction of a stitch.

V. The operation should be repeated as often as the gall-bladder becomes distended again.

VI. The common rules of surgery as to cleanliness, etc., should be strictly adhered to.—*Lancet and Clinic.*

Digitized by Google

Fissure of the Anus.

The above-named affection, although easy of diagnosis and simple of treatment, is one from which patients often suffer for months, may be for years, on account of a little neglect or carelessness on the part of the practitioner. This affection is frequently diagnosticated as piles and treated accordingly by those who are not as careful as they should be in obtaining a history of the case and in making a proper examination. Whether these mistakes occur to us or to a brother practitioner we should profit by them.

Two cases of fissure of the anus have occurred in my own practice, both of which came to me with the statement that they had piles. They said that they had been thus told by doctors, and that they had submttted to the treatment for piles but without relief. Not willing to take their diagnosis I at once commenced inquiring into the symptoms.

Case I. A female, æt. 27 years, complained of great pain during defecation, and for sometime after, the pain being so intense that she always deferred the act as long as possible. Frequently she would allow an interval of six or eight days between stools. The act of coition caused such intense suffering she was compelled to desist. Her general health had failed somewhat, on account of her great suffering when she presented herself to me.

I told her that an examination was necessary, to which she gave her consent, when I remarked I thought she would be cured soon by an operation. I found the anus spasmodically closed. The slightest touch with the finger caused her to cry out from pain. Even separating the nates caused great suffering. The spasmodic closure of the anus was almost enough to confirm me in the opinion to which I had already come, having been guided by subjective symptoms only. I, however, succeeded in opening the anus sufficiently to disclose the "linear ulcer," or fissure, situated in this case at the posterior part of the anus. Having suffered about one year, she was willing to submit to an operation, which I performed in the afternoon of the same day. The operation was that of forcible dilatation, and it was done while she was under the influence of chloroform. She was completely cured, and during the two years that have elapsed since the operation she has not had one symptom of a return of her trouble.

Case II. Female, æt. 25 years, had been afflicted about eight months. She, too, went from doctor to doctor seeking a cure. She believed herself a sufferer both from piles and from womb disease; from the former on account of pain in defecation, from the latter on account of pain in coition.

In her case there was occasional diarrhœa, and when not thus affected her bowels were regular. With this one exception the symptoms of the two cases corresponded. On examination

Digitized by Google

I found in Case II. two fissures, one in anterior and the other in posterior part of anus. The same great suffering was endured during the examination of this as in Case I. Forcible dilatation was the operation resorted to in this case, and no doubt it will result in a permanent cure. She has had but one action on her bowels since the operation was performed, and it was attended with no pain—the first painless action for months. A sense of soreness necessarily followed the operation for a few days in each case. Only one week has elapsed since the operation was performed on Case II.

But little after-treatment was resorted to in both cases; only a suppository or two were used. No piles, either external or internal, existed in either one.

About twelve months ago a man, æt. 45 or 50 years, consulted Dr. Crook, the surgeon under whom I read in 1874, about an affection which he had been told was piles. A number of physicians, according to his statement, had prescribed for him with the idea that it was piles with which they were dealing. No improvement followed in a single instance. His symptoms were well defined, and indicated a fissure of the anus. An examination confirmed the doctor in his diagnosis. He operated by forcible dilatation and cured his patient.

My object in writing this is to direct the attention to an affection more common, perhaps, than most imagine, and to show that every affection in the region of the anus or rectum is not *piles*. I know of no disease more easy of diagnosis than fissure of the anus, and there is certainly none in which the treatment could be more satisfactory both to patient and surgeon.—*Medical Bulletin.*

Ethylate of Sodium in Nævus.

Dr. Richardson reports nine cases of *nævus successfully removed with ethylate of sodium*. If ethylate of sodium be placed in contact with organic matters, it is decomposed; the sodium is set free, oxidizes, and acts as a caustic, while the remainder of the compound is formed into absolute alcohol again, and saturates the adjacent tissues, preventing their decomposition. The ethylate should be applied to the nævus by means of a glass rod; in young children this may be done while they are asleep, without waking them. A hard crust forms, which dries and exfoliates in five or six days. Poultices, or moisture in any form, should not be applied to hasten the separation of this crust; the contact of moisture causes the crust to decompose and become offensive, while, if left to itself, the antiseptic action of the alcohol enables it to dry up and separate without unpleasant odor. The crust should be allowed to separate of its own accord; ill-advised efforts to detach it prematurely may produce hemor-

Digitized by Google

rhage, irritate the nævus, and so retard its disappearance. The application of the ethylate is usually not painful, and is effective; ordinary cases are cured without the formation of a scar in two or three sittings. The ethylate of potassium is also effective, but seems more likely to cause hemorrhage.—*Dr. Gasper Griswold, in New York Medical Journal.*

Notes of Treatment from the Clinics.

Goitre.—The ointment of the red oxide of mercury will cure any case of goitre in which the gland has not undergone either cystic or calcareous degeneration. It is also very valuable in chronic enlargements of the spleen.

Effects of Dram Drinking.—I do not think that a man is necessarily destined to perdition if he drink a glass of whisky, but he is certainly threatened with mania, melancholia, or general paralysis.

Administration of Anæsthetics.—The administration of an anæsthetic in a crowded amphitheater is a piece of inhumanity to the patient. Experience has shown that the crowd of faces and the sight of the instruments about to be used—the horrible paraphernalia—greatly increase the danger of paralysis of the heart.

Summer Complaint.—If I were asked what is the best remedy, above all others, in the treatment of the summer diarrhœa of infants, I would answer, brandy, the best cognac. It is also extremely serviceable in colliquative diarrhœa, and depression of the functions of life. It should be given, in either case, in considerable doses.

The Prevention of Ptyalism.—When mercury is to be administered for some time, as in the treatment of syphilis, the addition of belladonna in small doses is recommended, in order to prevent ptyalism. When salivation occurs, atropinism is very valuable, and belladonna should be given as soon as the odor of breath gives warning of the commencement of ptyalism.

Constipation.—In the treatment of constipation due to torpor of the intestinal tract, physostigma is of service, given with belladonna. Thus:

℞ Extract physostignatis,
Extract belladonnæ,
Extract nucis vomicæ, take of each ½ grain.
Extract aloes, 1 grain. M.
Fiat pil.
To be taken at bedtime.

For flatulence at the climacteric, with mental depression, the tincture of physostigma is a capital remedy, given in ten to fifteen drop doses three times a day.

Mineral Acids in Summer Diarrhœa.—The mineral acids are very efficient in sporadic cholera and summer diarrhœa. The

Digitized by Google

indications for their use are the profuse and watery characters of the discharges, which are alkaline or neutral in reaction, due to outward osmosis from the serum of the blood, and the best of the acids is sulphuric acid given with opium. Hope's camphor mixture is also frequently used, especially in the pulmonory diarrhœa, with benefit.

Administration of Cod-Liver Oil.—In consumption the mistake is often made of prescribing cod-liver oil in large doses and before meals. In the latter case it destroys appetite, and creates a repugnance for food. It should invariably be given after eating, and one drachm should be the usual dose. There is a limit to the capacity of the digestive organs as regards assimilation of fat, and when given in excess it disturbs the digestion and produces diarrhœa. Given properly, it is particularly of use in incipient consumption, before destructive changes have taken place in the lung; it is especially serviceable in fibroid phthisis, and chronic bronchitis; the more chronic it is, and the less the range of temperature, the more may be expected from the remedy. The best form in consumption and atheroma of the arteries, is the emulsion with the lacto-phosphate of lime. It may also be given in whisky, a tablespoonful three times daily, containing a drachm of the oil, or given as hot toddy. It is sometimes taken in a wineglass of ale, in black coffee, lemon-juice, or for children it may be given in the form of biscuit. The cardinal rule for the administration of cod-liver oil is to give it only in the amounts that the stomach can dispose of. Watch the evacuations from time to time, and see if any portion of the oil is passing unchanged, and regulate the dose accordingly.—*Bartholow in College and Clinical Record.*

Case of Small-Pox Aborted by Vaccination.

Now that small-pox is quite prevalent in this city, I wish to put a case on record occurring in my practice, which shows the protective influence of vaccination after the appearance of variola.

On the 31st day of August I was called to see a child about fourteen months of age in a family, all of whom had been vaccinated except this child. The family refused this protection, for fear that the little thing's arm would be very sore. Upon examination, I was certain that it was variola. I considered the chances for this child's life very small, being satisfied of my diagnosis, and urged, as the best possible measure for its safety immediate vaccination, which was performed at once, and successfully. On the next day my diagnosis was fully confirmed. The eruption, instead of going through the usual stages, was milder and distinct, though running the course of a very mild

Digitized by Google

attack. The vaccination evidently impressed the system, and influenced and modified the course of this disease, reducing it to a minimum of danger. Not another case occurred in this family, the child contracting the disease from a family on the opposite side of the street, where several deaths occurred. —*Southern Clinic.*

Morphine and Chloroform in Anæsthesia.

Francois Franck (*Journal de Medicine de Bourdeaux*, April 17,) calls attention to certain advantages derived from administering morphine as a preliminary to anæsthesia by chloroform. He has ascertained by experiment that the preliminary administration of morphine suppresses or markedly diminishes the initial respiratory and circulating complications of chloroformisation, and that the great perturbations often observed in the circulatory function, when a considerable quantity of chloroform is rapidly absorbed into the lungs, are very considerably diminished by the preliminary administration of morphine. He calls attention, at the same time, to the fact that a perspiratory syncope may be more easily produced by morphine and chloroform than by chloroform alone, and the respiration requires, therefore, in case this method of anaesthesia be used, constant watching. The patient, as a rule, however, could readily be relieved from the syncope in many cases by artificial respiration. —*Chicago Medical Review.*

Nostrums in their Relation to Public Health.

Albert B. Prescott, M. D., F. C. S., in an able article on this subject published in the *Physician and Surgeon*, says:

It may be submitted now that the use of patent medicines without a knowledge of their composition does injury to the health of the people:

1. Because they may, and in fact sometimes do, contain powerful or poisonous articles unsuspected.

2. Because they always may be, and often are, inert, and become a false reliance to the neglect of other and due measures in the care of health.

3. Because they are liable to be changed in composition, so that any experience of their effects, as they are purchased at one time, is not conclusive as to the same-named articles purchased at another time.

4. Because it is submitting disease to the treatment of a distant and irresponsible stranger and hazarding health in an apparent game of chance.

5. Because they are trusted to act as antidotes in the sense in which no medicines can so act.

Digitized by Google

6. Because they favor excessive recourse to medication, and thereby increase the resort to physicians and intensify the demand for the physicians to give medicines whether needed or not.

7. Because their analysis shows the greater part of them to be given with multiplied falsehood, and the patronage of falsehood must be demoralizing both to the mind and to the body.—*Louisville Medical News.*

Apocynum Cannabinum and Anasarca.

Bright's disease is becoming the fashionable disease to study, more especially since Charcot, who sets the fashion for many physicians in the United States, has been paying much attention to it. These studies have been chiefly pathological and symptomatological. However, many independent observers have dealt with it from the therapeutical aspect, and Dr. J. S. Dabney (New Orleans *Medical Journal*) has found, he claims, that apocynum cannabinum is one of the best diuretics and hydrogogue cathartics that can be used in the disease, as it causes not only marked diminution of the anasarca, but also decrease of the albumen and casts. He claims for it certain advantages: 1. A small quantity only is necessary to produce diuresis, emesis or catharsis. 2. It has an agreeable aromatic taste. 3. It has tonic properties. 4. It is harmless, free emesis resulting on an overdose. While many of these claims seem rather strained, still there appears to be but little doubt that the remedy is of much value in ascites, anasarca, and allied conditions.—*Chicago Medical Review.*

Hygienic Treatment of Biliary Calculi.

In the *Bulletin de Therapeutique*, Professor Bouchardt gives the following rules: 1. Abstain from bread, eggs, nitrogenized aliments in excess, tomatoes, strong liquors, from fish, oysters, etc., from old cheese. Instead of bread make use of potatoes, and take ordinary vegetables containing potash in preference to those containing soda. Make an indirect alkaline medication by using fruits containing malates and citrates. 2. Keep the bowels in a soluble condition, taking a tablespoonful of tartrate of potash or soda, or of sulphate of soda in lemonade or orangeade, each morning. 3. Moderate exercise. 4. Render the cutaneous secretions more active by frictions, etc. One to three baths weekly, containing:

℞	Potass carb.,	3 ounces.
	Ol. lavand.,	½ drachm.
	Tr. benzoin,	1 drachm.

Digitized by Google

followed by prolonged frictions and massage. 5. (a) In order to produce expulsion of the calculi, small doses of spr. terebinth, and of ether in capsules, either at meals or preferable, between meals. (b) To prevent the formation of calculi, for ten days, before the morning and evening meal, a pill containing one decigram (gr. jss) of tartrate of potash and lithia; during the ten days following:

℞ Potass. acetat., 5 drachms.
Syr. sarsæ comp., 12 ounces.
Sig.—Tablespoonful morning and evening.

Then, for ten days, a quart of water daily, containing ten grams (2½ drs.) of Rochelle salts.—*Med. and Surg. Reporter.*

Benefits of the Antiseptic Method Illustrated by Compound Fractures.

The mortality after compound fracture had, during the labors of my predecessor as well as during my own, reached the sad height of forty per cent. When I adopted the antiseptic treatment of wounds, my last twelve patients, with compound fracture of the leg, had all died of pyaemia or septicaemia. From that time up to the present day I have treated, one after another, one hundred and thirty-five compound fractures, and not a single patient has succumbed to either of those accidental wound diseases; one hundred and thirty-three were cured, two died, one of fatty embolism of the lungs, during the first few hours; and one, a drunkard, of delirium tremens.—*Volkmann, Int. Med. Cong.—Maryland Med. Journal.*

Local Treatment of Diphtheria.

There was an almost complete unanimity against the forcible removal of false membranes or the cauterization of the affected surface. Ice in the early stages, steam inhalations, with or without antiseptics, in the latter stages, were generally recommended. Lactic acid and lime-water were praised as being the best solvents, and boracic acid as an antiseptic.—*Proceedings, Int. Med. Cong.—Maryland Med. Journal.*

Treatment of the Future.

Huxley predicts that in the progress of medicine it will become possible to introduce into the economy a molecular mechanism, which, like a very cunningly contrived torpedo, shall find its way to some particular group of living elements, and cause an explosion among them, leaving the rest untouched. —*Idem.*

Digitized by Google

Report of Select Committee on the Cantagious Diseases Acts.

On May 30, Inspector Anniss was called in and examined by Mr. Osborn Morgan, being afterwards cross-examined by Messrs. Stansfeld and Hopwood.

Inspector Annis belongs to the metropolitan police force, and is specially charged with the carrying out of the contagious diseases acts in the Plymouth and Devonport district, England. His official experience of the district is great, as he has superintended the execution of the acts since 1864, a period of sixteen years; previous to which he served for twelve years as a police officer there. During the year 1864, in pursuance of instructions, he ascertained that there were 2,020 prostitutes in the district, which at that time consisted of Plymouth, Devonport, and Stonehouse. Since that time, the boundaries have been extended, and the acts are now applied to all the villages within a ten-mile radius of Plymouth; and also to Dartmouth, which is fifty miles distant; while the population of Plymouth itself has increased about 9,000. Nevertheless, since 1864, the number of prostitutes has fallen from 2,020 to 411, while the number of brothels, which in that year was 356, is now only 70. For this reduction he was unable to assign any other cause than the contagious diseases acts, as the duties of the local police were performed in just the same manner as before. He considered that the daily visits alone of himself or one of his staff, which consisted of a sergeant and six constables, to the brothels, had great effect in diminishing their number; while the women were being constantly withdrawn from them, some being sent to hospitals, and others restored to their friends and a decent life. Before the acts came into force, it had formed a part of his duty to visit the brothels almost daily, for the apprehension of deserters and stragglers, and also for the detection of thefts of dockyard stores; but he did not find that his visits in this capacity had any effect in closing the houses in question. With regard to juvenile prostitution, his evidence was very strong. On Dec. 31, 1865, there were no fewer than 212 prostitutes of fifteen years of age and under, 434 between sixteen and eighteen, and 414 between eighteen and twenty years of age, making a total of 1,060 under twenty. At the present time, there is not a single prostitute under fifteen years of age, only two between 16 and 18, and 32 under twenty, making a total of 34 under twenty. This good result he attributed entirely to the working of the acts, which enabled him to reach the poor girls before they became hardened and accustomed to their wretched life. Residence in hospitals in many cases did great good, and the influences there brought to bear on them were the means of reclaiming a large number. The constables who carry out the acts see the girls when first they go to the brothels; and, if they are young, their parents are at once communicated with; while, if they are orphans, as many are, every persuasion is employed

Digitized by Google

to induce them to enter one of the homes. He stated that the friends or parents of girls who had run away from home, or been dismissed from their situations, constantly applied to him for information as to the whereabouts of their children; and he rarely failed to restore the runaways to them. In illustration of this, he cited a large number of cases, which were of daily occurrence, showing how brothel-keepers got hold of such girls and kept them out of the way until their moral sense had become deadened. Before the acts came into force, this system prevailed to a fearful extent; but, since he had the right to see every prostitute who frequented a brothel, the keepers of such establishments rarely dared to conceal any girl he might be in search of. In fact, now, every female who finds her way into a brothel has to be seen in twenty-four hours, and thus little chance is allowed for such practice to be carried on.

Previous to the passing of the contagious diseases acts, the amount of immorality among young people was fearful; and, before the acts had been three months in operation, it became apparent that the greatest amount of disease was among the juvenile prostitutes. There were a number of houses frequented actually by lads from twelve to eighteen years of age, some being set apart for drovers' and butcher boys, others for drummer boys and sailor boys; and these houses have been known to contain as many as fifteen or twenty girls. Such establishments as these collapsed immediately when the police commenced to visit them once or twice daily, and required immediate information as to young girls coming to reside in them. For the working of the acts, the district was divided into five subdistricts—each being under the charge of a constable, who visited every brothel, and thus ascertained what women resided there, and also their names and the circumstances of their case. This was all reported to Inspector Anniss, who then took the necessary steps either to place the women on the register or to aid in her reclamation. In opposition to this evidence, it was urged, in cross-examination, that these beneficial results were not owing in any way to the acts, as there was nothing in them directly enjoining any such interference; but it was strongly maintained by Inspector Anniss that without the acts it would be impossible to bring all these influences to bear, as there would be no means of reaching the women; and, therefore, these collateral advantages were really owing to their operation. Inspector Anniss repeatedly expressed his strong opinion, that the fear of being brought under the acts was a most valuable deterrent, particularly to those girls who were wavering on the borderland between levity and actual prostitution; and he stated most explicitly, that no female was placed on the register before she had been given a fair opportunity of discontinuing her mode of life. The plan adopted is briefly this: Every female found in a brothel is at once informed of the character of the house she

Digitized by Google

is in, and warned that, if she remains there, she will be placed on the register of common prostitution. She is also told that, if she desires to reform and is without means of returning to her friends, that the means will be provided for her. In the case of very young people—and many of these poor creatures are mere children—they are at once ordered to depart; their parents are communicated with; and, if possible, they are placed in temporary lodgings, which have been provided by some benevolent persons, until they can either be taken home or provided for in a suitable manner. Thus every unfortunate woman is brought to understand that, if she has made a false step, a helping hand will be held out to her; and the inspector mentioned several instances showing the good results of the system.—*London Lancet—Cincinnati Lancet and Clinic.*

Ainhum.

At the last meeting of this society, which convened in the city of Wilmington, N. C., May 18, 1880, Dr. N. J. Pittman, of Tarborough, N. C., reported a case of *ainhum* (which is a disease of the little toe, and is peculiar to the negro and his descendants) that had just before come under his treatment. He stated that no such case had come under his observation and treatment before in a practice of nearly forty-two years. He had with him a pathological specimen which he exhibited to the society. I, for one of the members of this society, was, up to that time, utterly ignorant of the disease, never having before seen, read, or heard of it.

On arriving home I went to work in order to post myself in regard to the pathology of *ainhum*, but made a signal failure as my library contained no literature on the subject.

I reached my home from Wilmington on Friday, May 21, and on Sunday morning, May 23, a negro man called at my office to consult me in regard to a trouble with the little toe of his daughter about ten years of age. He said that about eight months before they noticed a constriction of the left little toe, resembling that of a cord tied around a growing vine or stalk. The girl had been unable to wear a shoe for months, the pressure of which would produce intolerable pain. I made an examination, and found the disease, *ainhum*, well developed on the left little toe. I at once completed the amputation with a scalpel, which was almost complete by the constricted tissue. I now exhibit the amputed toe if any one wishes to see it. In ten days after the operation the child was well, and no trouble with the foot since.

I immediately wrote to Dr. Pittman for literature on the disease, which he says is exceedingly meager, though *ainhum* is mentioned in Dunglison's Medical Lexicon as being found

Digitized by Google

among the negroes of Brazil, and means to saw, in the language of that country.

Dr. Pittman kindly referred me to the Transactions of the Pathological Society of London, Vol. XVIII, page 227, for histology, remedy, etc. I have been unable to get the book referred to, therefore the barrenness of this report.

I have in my library the "Principles and Practice of Surgery," by John Ashhurst, jr., M. D., of Philadelphia, Pa. The disease *ainhum* not being mentioned in his work, I wrote him for the pathology of the disease, and he answered my letter as follows:

PHILADELPHIA, PA., August 9, 1880.

E. H. HORNADAY, M. D.—*Dear Sir:* Your letter of the 3d inst. is received. I regret I cannot give you much help in regard to the curious affection known as *ainhum*, of which I have never seen a case, and which, as far as I am aware, has not been met with in this vicinity. There are several papers on the subject in the library of the surgeon general's office at Washington. From the little that I know of the affection, I should suppose that it presents some analogy to, though, on the other hand, many differences from the perforating ulcer of the foot described by French writers. If I should hazard a surmise as to its cause, I should suggest that it might arise from the peculiar conformation and position of the little toe, allowing the lodgement of foreign substances between the folds of skin in persons going barefoot. We know that stone is cut through by rubbing sand backward and forward in a groove, and a similar effect might be produced in living tissue.

I should be glad to see the report of your case when it is published. Very truly yours,

JOHN ASHHURST, Jr.

Gentlemen, *ainhum* is not a disease of paramount importance, yet it is essential that the medical profession should be familiar with all the ailments to which the human family is heir, therefore, I am truly sorry that I am unable to enter more fully into the pathology, the undoubted pathology of the trouble in question.

The diagnosis is easy, and the treatment for the radical cure is the knife.—*Dr. Hornaday, in North Carolina Medical Journal.*

A New and Reliable Operation for the Cure of Web-Fingers, Etc.

The operation consists of cutting small flaps or tongues of skin from the posterior and anterior surfaces of the hand, with the bases of the tongues on a level with the heads of the metacarpal bones, and of attaching them together by their apices

Digitized by Google

after cutting through the web. The flaps unite by the first intention, and thus any redevelopment of the web is entirely prevented. The points to be considered in the performance of the operation, in order to insure a good result, are the following: 1. The flaps should be cut thick, so that their vascular supply may be complete, and the chance of sloughing reduced to a minimum. 2. They should be cut rather narrow, with judgment, otherwise they become compressed laterally and bulge upwards at the margin, instead of lying in adaptation to adjacent tissue. Such compression, of course, interferes with a free circulation of blood through the flaps. 3. The tissue between the knuckles should be cut back, or, if necessary, cut away, so that the apices of the flaps may lie well in contact with each other without tension. 4. The flaps must be of sufficient length to prevent tension when the suture is applied. 5. The apices of the flaps are very small in children, so that a very small needle should be selected to carry the suture, in order to avoid unnecessary injury of the flap. 6. The position of the flaps should be carefully arranged, so that the limit of the new web may be in the line with the natural web of the finger. If they unite, no web can re-form. There is no reason whatever why union by the first intention should not take place, if attention be paid to the above recommendations; and thus one of the most troublesome and unsuccessful of operations is converted into one most simple and most certain of success. The President and Mr. Watkin Williams (Birmingham) spoke on the practical nature of the operation. In answer to Dr. Cousins, the author stated that he saw no reason why catgut sutures should not be used to connect the flaps, although, in the case related in the paper, he had used Chinese silk. It was of prime importance to cut the flaps thick, so as to secure their after-vitality.—*Proceedings British Medical Association.*

Book Notices.

The Applied Anatomy of the Nervous System. Being a study of this portion of the human body from a standpoint of its general interest and practical utility, designed for use as a text-book and a book of reference. By AMBROSE L. RANNEY, A. M., M. D. Adjunct Professor of Anatomy and late Lecturer on the Diseases of the Genito-Urinary Organs, and on Minor Surgery in the Medical Department of the University of the City of New York, etc. With numerous illustrations. Cloth, 8 vo., 500 pp. New York: D. Appleton & Co., 1, 3 & 5 Bond St.; 1881.

What a treatise on therapeutics is to materia medica, is this and similar works to the anatomy of the nervous system, and we believe the multiplication of such works as this will do much to increase the practical interest of the practitioner in

Digitized by Google

this important branch of his science. Where one has to consult one book for a description of a part, and another for the application of that description, the time consumed and amount of reading necessary is apt to lead him to not look it up at all, whereas with a book like the one before us, where dry details of minute anatomy are interspersed with practical applications of the relations of the anatomical arrangements of the nerves to diagnosis, the reading is one of pleasure and consequent profit, and the book will become one of daily reference. This work seems to cover the whole ground mapped out in the title, and covers it well, a complete table of contents and index, making a reference to any point to be looked up, the work of but a moment. The illustrations are fine and well chosen. The authorities drawn upon and referred to are very numerous and of the highest, and finally, in noting the good qualities of the book, the publishers have spared no pains to make it pleasing to the eyes. As a work of reference to the practitioner it is invaluable, and to the more advanced student it will render great assistance during his final course of lectures upon this subject.

General Medical Chemistry, for the Use of Practitioners of Medicine. By R. A. WITTHAUS, A. M., M. D., Professor of Chemistry and Toxicology in the University of Vermont; Professor of Physiological Chemistry in the University of New York, etc. pp. 443. New York: 1881, W. Wood & Co.

This is the eighth volume of the library of standard medical authors for 1881. It is well written, and nobody glancing over its pages can fail to be impressed with the conviction that the author has fully mastered the difficult subject of which he treats, and that at the same time he possesses the happy faculty of imparting his knowledge to his readers in a style both concise and comprehensive. The author advances an original classification of the elements, based upon the chemical properties of the oxides and upon the equivalence of the elements. They are arranged in four great classes, which are again subdivided into groups, each group containing those elements within the class which have equal equivalences, which form corresponding compounds, and whose chemical properties are otherwise similar. Added to the description of the processes of manufacture of the physical and chemical properties, the bearings upon hygiene, physiology, therapy and toxicology, there are scattered throughout the book valuable hints about the detection of poisons in the body during life and after death. Organic chemistry is not considered as a distinct subdivision, but simply as the chemistry of the compounds of carbon. The space being limited, illustrations have not been used, while the most recent discoveries in the science are fully considered. The book will be a valuable addition to the library of the practitioner.

O. J. R.

Digitized by Google

Therapeutic Notes.

CHRONIC MALARIA WITH ENLARGEMENT OF THE SPLEEN.

Dr. W. L. Bell, of Randolph, Tenn., reports to the *Med. and Surg. Reporter* that where this treatment has been persistently adhered to for several weeks, he has not had a single failure:

℞ Quiniæ sulph., 1 dr.
Iodini (Crys.), 15 grs.
Ipecac pulv., 20 grs.

Triturate the iodine; add the ipecac and quiniæ, triturating the combination well; divide into forty pills and give: one pill half hour before each meal.

To relieve visceral obstruction and engorgement, he gives the following in connection with the above:

℞ Fl. ex. mandrake,
Fl. ex. leptandrin,
Fl. ex. stillingia, aa. 1 dr.
Whisky, 2 oz.

M. Sig. Teaspoonful after each meal. Before beginning the above treatment it is necessary to check the paroxysm with an anti-periodic.

IODIDE OF POTASSIUM IN TYPHOID FEVER.

Dr. Oatman claims in the Pacific *Med. and Surg. Journal* that iodide of potassium is as much a specific in typhoid as quiniæ is in intermittent fever. He says: An adult with uncomplicated typhoid may take five grains of iodide of potassium every three hours in sweetened water. Also every three hours, give one dessertspoonful of the following:

℞ Ol. teribinth.
Tr. anisi, aa. fl. 1 dr.
Viteli ovi., No. 2.
Sacchari, 2 dr.
Aquæ puræ ad. 2 oz.

Ft. emulsio.

M. Sig. This emulsion may be taken between the doses of the iodide.

DIPHTHERIA.

The following is Dr. Guttman's pilocarpin prescription:

℞ Pilocarpin muriat, 1½ gr.
Pepsin, ½ dr.
Acid muriat., 10 gtts.
Aqua, 8 oz.

M. Sig. Teaspoonful every hour.—*North Carolina Med. Journal.*

This was claimed to possess specific properties in diphtheria, but subsequent observations by other physicians have given negative results. So that it may be said, that while pilocarpin does seem beneficial in some cases, it cannot be relied upon in every case.

HEADACHE OF DYSPEPSIA.

If the headache is accompanied with a tonic dyspepsia, and there is a clean tongue, with weight and oppression of the epigastrium, nitro-muriatic acid will be found serviceable before meals.

℞ Tr. nucis vom.,
Acid nitr. dil., aa. 1 dr.
Acid hydrochlor. dil., 2 dr.
Tr. aurantii, 6 dr.
Aqua puræ, ad 6 oz.

M. Sig. A tablespoonful in a wineglassful of water, three times a day.—*Med. Press and Circular.*

FUMING INHALATIONS IN ASTHMA.

The following is the approximate formula of the quack remedy employed by the late Lord Beaconsfield with relief:

℞ Potas. nitrat, ½ dr.
Pulv. anisi fruct., ½ oz.
Pulv. stramonii fol., 1 oz.

M. A thimbleful placed on a plate is pinched into a conical shape, and lighted at the tip, burns like a pastile, and is held near the patient, who inhales the fumes.—*Phil. Med. Times.*

HABITUAL CONSTIPATION IN WOMEN.

℞ Magnes. sulph., 4 oz.
Acid sulph. dil., 4 dr.
Ferri sulph., 60 gr.
Aq. puræ, ad. 2 pts.

M. Sig. A tablespoonful before breakfast.—*Dr. T. G. Thomas.*

ACONITE IN PNEUMONIA.

℞ Carb. ammon., 1 dr.
Tr. aconite rad., 10 gtts.
Water, 4 oz.

M. Sig. Teaspoonful every one to two hours.—*Dr. R. C. Wood.*

IMPOTENCY.

℞ Liq. potas. arsen., 1 dr.
Tr. canthar.,
Tr. mucis vomica,
Tr. ferri chlor., aa. 2 dr.
Acid phosphor. dil., 1 oz.
Glycerinæ, 2 oz.

M. Sig. Teaspoonful three times daily.—*Med. and Surg. Reporter.*

Digitized by Google

THE PEORIA MEDICAL MONTHLY.

EDITORS:

DR. J. MURPHY, DR. J. L. HAMILTON, DR. H. STEELE.

THOS. M. McILVAINE, A. M., M. D.,

Managing Editor and Publisher,

204 South-Jefferson Street, - - - - PEORIA, ILL.

*** All exchanges, books for review, and communications must be addressed to the Managing Editor and Publisher.

*** The publication day of this journal is on or about the 5th of each month

Editorial Department.

IN an old church at Strasburg on the Rhine, stands a beautiful monument, erected to perpetuate the memory of the brave Marshal Saxe. Amongst the numerous allegorical figures in this masterpiece of Canova's genius is one which, in the quaint language of the guide, represents "France mourning the too early death of a brave man." To-day might the whole civilized world be represented in tears over the too early death of a great and good man.

James A. Garfield was a grand example of the highest manifestation of American life and American possibilities. From his earliest boyhood in the obscure home of poverty, rising from honor to honor, until his elevation to the highest position of honor in the nation, we can trace, without a single backward step, the development of a manhood, glorious and sublime. To him were not permitted those acts which render famous the names of Napoleon, Wellington, Washington or Lincoln, nor were they necessary to keep his memory green in the hearts of men. Greater rulers, greater statesmen, greater generals there may have been, but none have combined to a greater degree, all those elements that go to round out a perfect man. Humanity is elevated and christianity adorned by his having lived. His private life and social relations have given

Digitized by Google

a new beauty and additional tenderness to those richest of words, mother, wife, home.

In boyhood, kind and affectionate; in youth, earnest and aspiring; in manhood, firm in duty, unimpeachable in character, liberal and progressive in everything that tended to the elevation of man and the welfare of his countrymen; temperate in all things, tender and true as a mother's love, with poverty conquered, with the obstacles surrounding his humble birthright behind him, crowned with the highest honor his admiring countrymen could bestow, he rose to still greater heights, and showed the world how a man could suffer and a christian die. No words can fitly express the sorrow of the nation, nor tongue tell the grief of every American heart. To-day he is buried, and we wish to lay this tribute of our sorrow as a flower upon his grave.

A Celebrated Case.

In the whole history of medicine cannot be found a case which has excited such widespread interest as that of our late President Garfield. To medical men, truly there have been cases of far more interest *per se*, but this case has created more public interest in medical things than any other upon record. The meagreness of the bulletins left physicians in the dark as to what was the condition of the patient from time to time, and what were the methods of treatment pursued. In the official report of the surgeons in attendance, soon to be published, we shall learn the facts, and then should any criticism be offered, if it seems to be called for. There was one lamentable feature connected with this case, which, however it may be explained or softened down, will always be a matter of regret to the majority of American physicians, as well as to a vast majority of the American people. We refer to the connection of Dr. Bliss with the case as chief attendant upon the honored patient. We have already given our views upon this, and shall not now repeat them. That from his being so intimately connected with the case, a deeply seated suspicion of the truth of the bulletins and the wisdom of the treatment of Mr. Garfield, has arisen, there can be no doubt, and it is by association with him that the honor and skill of the eminent associate surgeons have been called in question. How Drs. Agnew and Hamilton

Digitized by Google

could have done other than as they did, is a question of considerable delicacy. Had they refused to continue in counsel with Dr. Bliss, the weather-vane of public opinion would suddenly have veered, and they would have been bitterly accused of jealousy and envy. Remaining as they did, associated with the object of almost unanimous distrust, they are now accused of allowing a feeling of professional courtesy to assent to the sending forth of false reports and to overcome their judgment as regards the treatment.

This unfortunate complication, as it may be termed, has done harm to the good standing of the whole profession, no less than the now discovered error as to the course of the ball, or the probing of the pus channel. And a considerable portion of the public press has done its share in keeping the matter alive. Indeed, some men whom we were wont to consider eminent, have rushed into print, criticizing everything without having seen the patient at all, and thus have lent the might of their names to further this popular prejudice.

The most sensible thing that we have seen is the following editorial from the Chicago *Tribune:*

Our advice to medical gentlemen, who are about to write treatises exposing the ignorance of the President's doctors, is: Don't. The danger is that persons so inclined will expose their own ignorance, and nobody else's. None of them, with the possible exception of Dr. Boynton, has the data for making up a case; and he can have nothing of value to say unless he is prepared to charge the President's physicians with malpractice. Then his remarks should be in the shape of a criminal information, not in that of a professional dissertation for the benefit of lay readers. Could the President's life have been saved? That is the question, and the only question, in which the general public has a particle of interest. If Dr. Boynton is not prepared to take the affirmative of that question he would better say nothing, except, as an eastern newspaper suggests, "in a professional manner to a professional audience."

We believe that the wound was necessarily fatal, and all was done that anybody could have done to save the patient's life.

The Cruelties of Quackery.

Were we writing an article against this form of fraud for lay readers, there could be no stronger argument advanced against it than to recite some of the instances where quackery

Digitized by Google

is guilty of the most hideous cruelties. No physician, who has been in practice for any length of time, can fail to recall cases where the cruel deception practiced by this class of human ghouls would put the very devil to the blush.

It has been truly said, that quackery will flourish as long as the medical profession continues to hide within its shell of dignity and hold itself aloof from the task of instructing and educating the public; of appealing to common sense and reason instead of, ethically, practicing deception. There has been too much of mystery thrown around the practice of medicine, and this is the very food upon which quacks thrive best. There is no branch of knowledge upon which exists so much general ignorance. A man may discuss intelligently upon the various tenets of theology, he may converse rationally upon questions of common law, and yet in the next breath tell you that doctor So and So removed an ovarian tumor from the stomach of Mrs. Blank, and is always ready to believe the assurance of any imposter that the innocent mole which he has carried upon his person for thirty years is a cancer, and pay him an enormous price for its removal,* congratulating himself upon his wonderful escape. We do not mean that every physician should become a public school teacher of anatomy, physiology and all the various branches of the science, not by any means, but we do mean that no physician should lose an opportunity (we do not say seize every chance of making an opportunity) of conversing with his friends and acquaintances among the laity upon the subject of honorable medicine, calling their attention to methods of quackery and unobstrusively instructing them as to what constitutes the difference between imposters and well educated, honorable members of the profession. In doing so, he can make use of no stronger argument than that which is the title of this paper. Reciting facts for the truth of which he can personally vouch, will have stronger effect than lengthy generalizations. All deception may not be cruelty, but all deceptive things pertaining to health, where it prevents the patient from obtaining such treatment as will offer him better chances for relief, is cruelty of the highest grade. We recall a case at the present moment, related by a professional friend, which will illustrate our meaning, and while of course it cannot be positively affirmed that the termination of the case would have been dif-

*These are facts.

Digitized by Google

ferent under other treatment, still authority and the history of the case afford strong presumptive evidence that the life of the patient would have been lengthened and his sufferings very much mitigated.

A man of good health and family history noticed a small sore upon the head of his penis. After having it under inspection for some time, his family physician pronounced it malignant, and advised its removal. The patient objected to the knife, and, gulled by the advertisements of a wonderful man in a neighboring city, consulted him. He immediately promised a speedy and certain cure without the knife. Paste after paste was applied, and eschar after eschar removed until half of the penis was gone, still his physician told him he was getting along finely. The case ran along until the whole of the penis was gone, and the disease (or remedy) had attacked the abdominal walls; even yet the doctor told him all was going on nicely. The termination of the case need not be told, and yet only two days before death closed the scene, the physician told the wife of the patient that he had finally succeeded in "beating the cancer," and that her husband would soon be around again. It is a well known fact that cancer of the penis is sometimes arrested and cured by an early and complete extirpation of the diseased part, and frequently when it does recur it is by metastasis, whereby the patient and family is relieved of the presence of a foul disgusting open sore, and we claim that every patient should have the benefit of these chances. The simple narration of facts like this will have more certain effect than a violent denunciation of quackery in general terms. Cases like one just related display a refinement of ignorance in the management of the case, and cruelty in promising to the patient and family only a day before perforation of the peritoneum, of speedy and complete recovery to health, that should be punishable by law.

Married.

At Kinmundy, Marion county, Ill., on Tuesday, September 6, 8 p. m., at the residence of the bride's father, Dr. W. Bradley, by the Rev. T. M. Prickett, Dr. John D. Camerer (Rush '80), to Miss Netta A. Bradley, both of that place. In sending us the above announcement, a friend writes: "The young doc-

Digitized by Google

tor has been here about fifteen months, in which time he has built up a nice practice. The many friends of the young couple unite in wishing them good cheer and a prosperous and happy future." The MONTHLY too, wishes that happiness and pleasure, only to be found in a happy home, may be theirs through life.

Notes and Comments.

Dr. Thos. Kellar (Rush '81), has located at New Washington, Ohio.

Profs. Gunn and Miller and Dr. Nelson have arrived home from Europe. Prof. Haines is expected in a few days; he sailed for home September 15.

Dr. G. W. Nuckolls (Rush '81) writes us from Wahpeton, Richland Co., D. T., that he has made that place his home, and well pleased with the location.

Dr. R. S. Sutton, lecturer on gynecology in the spring term at Rush, has resigned his chair and gone to Europe for a year. Prof. Etheridge will take his place in the spring faculty.

Last month we sent out some slips notifying certain subscribers that their renewals were in order and past due. A majority took the hint, a few did not. Will the few who neglected the matter give it their immediate attention?

The boys at Rush will have to listen to two new subjects this winter, and in consequence will have two more examinations to get scared over. Dr. Danforth will lecture on the kidneys and Dr. Knox on diseases of children.

Up to September 23, over 350 students had taken out tickets for the winter course of lectures at Rush. By the opening of the term, which took place Tuesday, September 27, it was confidently expected that the number would exceed 450.

The homœopaths have made a demand for representation on the medical staff of Cook County Hospital at Chicago. The matter was discussed recently by the commissioners, but as the homœopaths had no plan to offer and were rather uncertain as to what they did want, the whole subject was postponed for thirty days. Among the reasons advanced by one of the little-pill fraternity for representation, was that seven-twelfths of the

Digitized by Google

inhabitants of Chicago received homœopathic treatment. How easy it is to claim big things, but how ridiculous such bombast looks to anyone who will give it a moment's thought.

At the meeting of the State Pharmaceutal Association, to be held in this city October 18 and 19, we understand that the editorial "Physicians versus Druggists," which appeared in the September number of this journal, will be the subject of a paper. We had intended continuing the subject in the present number, but will wait until the reading of the paper referred to. If advisable, we shall print the answer, for we desire to give publicity to everything pertaining to this mooted question. The second paper on this subject consequently will appear in the November number of this journal.

Those wise men who claim to be psychological and all other ological sorts of experts, and whose sole function seems to be editing medical journals for the purpose of fighting the rest of the ological experts, have had a great time over Guiteau. Without having seen or examined him, or without having read very much about his mental condition, (for little has been published) they all know just what ails him. They know just what convolution or sinus is wanting, or is too large, as well as if they had made him themselves. For our part we care nothing about him except that he be brought to a speedy and quiet trial, and as speedily and quietly put out of the way.

Dr. S. B. Bennett, of Fairview, Ill., sent us a short account of a remarkably slow pulse. He says: "I was called to see J. A., aged 78, and found his pulse 28 to the minute. He was in fair health, and engaged in his regular business; 36 seems to be his normal pulse." It would have added interest to this case had Dr. B. informed us more fully as to his general condition and health. We presume the man was not very sick or Dr. B. would have mentioned it. Have any of our readers met with an equally slow pulse? We would be glad to have reports of similar cases. The slowest pulse we have ever met with was 45 beats. It occurred in a woman who had a chronic disease of the liver.

The following will explain itself:

PRIZE ESSAY.—The committee of selection appointed by the chairman of the section on practical Medicine, Materia Medica and Physiology, at the recent meeting of the American Medical

Digitized by Google

Association, have selected, and hereby announce, as the subject for the prize to be awarded in 1883, the following question:

What are the special modes of action, or therapeutic effects upon the human system, of water, quinia, and salicylic acid, when used as anti-pyretics in the treatment of disease? The essays must be founded on original experimental and clinical observations, and must be presented to the chairman of the committee of *award* on or before the first day of January, 1883.

H. S. DAVIS,
H. D. HOLTON,
W. B. ULRICH,
} Com. of Selection.

Why do not more of our subscribers and readers take the trouble to write something for this journal. We wish all to feel that this is their journal, published for their benefit and in their interests. We do not desire only your subscriptions, but we also want and earnestly request your literary support. Let it be a medium of communication between physicians, where they can ask and receive advice, where they can express their opinions and learn the opinions of others. The temple of medicine was not erected by the labor of one man, but has slowly risen only by the united aid of all of its votaries, and this it demands from every one who is a devoted follower of our noble science. Do not be afraid that what you have to write will not be read with interest. It may not be very new or startling, but it will add to the weight of evidence, by which alone all important points can be decided. Will you not do your share?

The amenities of medical journalism are peculiar. For instance, the Chicago *Medical Review* sees in the fact that the Cincinnati *Lancet and Clinic* copies articles from its pages without giving them the proper credit, symptoms of what it terms "journalistic senile dementia." The Louisville *Medical News* makes the fight three-cornered by the following sally: "That the editor of any other journal should reprint an editorial of the *Review's* under any circumstances, even though its origin were duly indicated, might be taken as symptomatic of mental aberration (and we admit that we have occasionally given evidence of this state, as the files of the *News* [Louisville] too sadly show); but that he should fail to credit the source, thus leading his readers to accept the article as his own, is clearly pathognomonic of serious cerebral disease."—*Mich. Med. News.*

What a curious people these English are, must have thought many of the continental visitors who were decorated with the medals of honor. It is hard to conceive of Virchow, for instance, bending down to have it fastened to the lapel of

Digitized by Google

his coat. A Frenchman might take to it gracefully, as to a button-hole bouquet, especially if attached by one of the gentler sex. Our own Billings will bring one home. Let us hope he will put it in the patent office along with other precious relics. *Lancet and Clinic.*

Dr. Bliss is quoted as saying that he regards the conduct of Dr. Hammond, of New York, in commenting upon the President's case, as "unprofessional, ungentlemanly, and indecent." Let us hear Dr. Bliss' opinion of Dr. Bliss' treatment of Dr. Baxter, for years the President's personal physician, whom Dr. Bliss refused to allow even to see the patient.—*Med. and Surg. Reporter.*

Some Things That May Interest You.

THE indigestion so often accompanying phthisis has always been very troublesome to physicians, and the Cod Liver Oil preparations, while often relieving the pulmonary troubles, acts adversely on the digestive organs. A new idea in pharmacy has been brought forward by the Powell Manufacturing Co., of Baltimore, who have combined into a palatable preparation Beef, Cod Liver Oil and Pepsin, thereby giving to the profession a thorough tonic, nutritive and digestive, which is vouched for by a great many reliable practitioners as not only benefiting their patients suffering from phthisis and tuberculosis, but it has thoroughly corrected all the symptoms of indigestion, thereby double service. It is worthy of a trial.—*Review.*

HORSFORD'S ACID PHOSPHATE.—In referring to this preparation, Dr. W.A. Brown, of Danville, Ill., says: "I prescribed Horsford's Acid Phosphate in the case of a lady usually very healthy and strong, but who at the time was suffering very severely from indigestion and consequent muscular debility, being in consequence unable to attend to her duties. After taking two or three bottles she made an excellent recovery. I think well of the preparation."
DANVILLE, ILL., Jan. 22, 1880.

WE take pleasure in calling the attention of our readers to the superior qualities possessed by Mark's Adjustable Folding Chair, over all which we have ever seen.

THE improved operating chair leaves nothing to be desired. It is simple, easily adjusted, not liable to get out of order, and we think *very cheap.* For an invalid nothing can be better adapted than this chair. We call the attention of readers to the advertisement on third page of cover, and feel certain that this chair will give entire satisfaction.

THE Wheeler Chemical Company, of Chicago, are manufacturing a line of pharmaceutical goods which seems to meet with universal approval wherever tried. We allude to their saccharated extract, made with sugar of milk, to take the place of the fluid extract now in the market. Several months ago we received samples of these grades, and so far as we have tried them, they have in no instance disappointed us. They are easier to carry and certainly more easy to dispense. The claims of the manufacturers will be found on advertising page 161, and will repay a careful reading.

Digitized by Google

THE PEORIA

MEDICAL MONTHLY.

VOL. II.—NOVEMBER, 1881.—No. 7.

Original Communications.

ART. I.—Clinical Contributions to Electrical Therapeutics. By ROMAINE J. CURTISS, M. D., Joliet, Ill.

RELIEF OF PAIN.

There is no fact in therapeutics better verified than the power of a low tension galvanic current to relieve pain. A high tension current has less power in this direction, and still less if it is interrupted, while the high tension faradic current, most useful in anæsthesia, has very little power to relieve pain, and in some conditions will increase it.

Galvanism will relieve pain independently of its effect on the cause of pain. In fact most pain remedies operate independently of the cause. It must be, however, that when pain, like sciatica, depends upon disease of the nerve itself that the galvanic current acts more or less by catalysis, upon the cause of the pain in the relief of the disease.

The method by which galvanism acts, or the changes of a physical, chemical, or so-called vital character which are produced in the tissues in the relief of pain are probably better understood than the same action of drugs. The first effect of the current is a physical one, and operates on the molecules of tissues. If the action is increased it becomes more complex and has a chemical effect. These effects of galvanism are termed catalytic, and it is by this action that electricity can relieve pain.

SCIATICA.

Case 1.—Mr. ——, a bricklayer. This patient was obliged to stand in water at his work during one day. On the third day after he was unable to work on account of sciatica. The

Digitized by Google

pain was intense, and the limb could not be moved without great increase of the pain. The extent of pain was from the point of emergence of the nerve from the pelvis to the heel. The foot was placed in warm water, which contained the negative pole of the battery,—the positive was applied at different points over the nerve. The applications were made twice daily, for three days, the direct current from 20 cells being used. Each application was followed by lessened pain and increased mobility of the extremity. No medicine was prescribed. After the sixth application the patient was free from pain, and complained only of stiffness of the limb when walking.

Case 2.—Mr. ——, a carpenter by trade, has had sciatica for ten years, more or less in relation to pain and time. Two years before I saw him he was subjected to the operation of nerve stretching. The wound became troublesome, and finally was attacked by erysipelas, and three months elapsed before he recovered from the effects of the surgery and the accident. In this case a differential diagnosis was necessary between sciatica and locomotor ataxia. The pains in the legs at times resembled those of ataxia. The tendon reflex, however, was increased. There was no fault of co-ordination, or any other signs or symptoms of ataxia. He had been treated by a minister, he said, with electricity derived from an electro-magnetic machine. The nerve stretching and ministerial therapeutics did not relieve him. He stated, however, that he was free from pain while in bed with his wound, following surgical operation, but pain returned when he had recovered and resumed work.

The electrical treatment of this patient was continued for three months and was successful. The applications were made daily as a rule, and variously applied in quality and tension as the effects justified. The treatment began with the use of twenty cells, which was increased by degrees to sixty, and finally to eighty—with the intensity diminished by the rheostat. The patient improved rapidly after the second month. As a rule each dose of galvanism was followed by relief of pain. If the intensity of the current, however, was great enough for him to sensibly feel it, it always appeared to increase the pain. I found that the quantity of electricity was what his case demanded, with low intensity, which was a very different method from that employed by the minister. This patient was discharged over a year since, and has remained well with exception of stiffness of the muscles, and occasional "storm pains."

Case 8.—Mrs. E——, a married lady, aged 40, is neurasthenic, and says she has had neuralgia in different nerves and at different times, all her life. Among other troubles she has been subject to nervous headache—the pain being extreme in character. I noticed that the dark hair contained tufts of grey, probably half a dozen in number, sharply defined, and which she believed had been caused by excessive pain. Without doubt

Digitized by Google

the loss of pigment had relations to her neurasthenic condition. I was called to visit this lady on account of an attack of sciatica. I learned that she had adopted the blue glass treatment for neuralgia, and while setting in the blue light her pains all settled into the sciatic nerve. The pain, of course, was intense, and patient helpless. I was obliged to use in this case a faradic current of rather high intensity, and used the same daily with good effect for about a week, when the patient was able to resume her avocations and daily routine of a confirmed neurasthenic life. I was anxious to try in her case the "central galvanization" and "general faradization" methods of Beard and Rockwell, but a diagnosis of tuberculosis was made by another physician, who took charge of the case, and I think must have cured his patient of tuberculosis, for after three years she is as well and as sick as ever.

Case 4.—Was a robust, hearty person, who had sciatica of six weeks' duration, which he got by working in water which flowed from the savory Illinois and Michigan Canal. He said he came up to have me use my big battery on him, as he had tried a little one with no good effect. I applied the direct current from 20 cells, which was very unsatisfactory to the patient, who insisted that it was of no account because he couldn't feel it. By way of scientific experiment, therefore, I turned on 60 cells and interrupted the current. After the "seance" was over, in about five minutes, the patient complained of an increase of pain. He returned three times, in as many days, and I applied the current in the same way with the same effect. He then staid away, and I met him on the street about ten days after, when he informed me that as soon as he stopped the electricity he began to get well, and recovered in a few days without treatment of any kind.

PAIN FROM ORGANIC DISEASE.

Case 1.—Mrs. ——, married lady, aged 55, had schirrus of the liver. The pain from this disease was unusual, and prevented sleep, took away her appetite, and made her wish for the coming of the inevitable end. She had taken morphia and atropia, codeia, chloral, and even inhalations of chloroform. To relieve her of pain I used the direct galvanic current from 15 cells daily, about 15 minutes, with the happiest effect. So long as she used this treatment she was comparatively free from pain, and availed herself of it until she could no longer, from progress of the disease, come to the office. The tumor filled the epigastric region and extended into the iliac fossa. Her last days were painless, and hopeful of cure, under the ministration of a "cancer doctor" from Chicago.

Case 2.—Mr. ——, aged 60, had pulmonary consumption (fibrous phthisis), of which he died after two years duration of the disease. His cough was excessive and he suffered greatly

Digitized by Google

during the last six months from this source and from intercostal neuralgia, and pain referred to the left shoulder. Various anodynes and Sequaid's neuralgic pills were prescribed. As an experiment, galvanism was used. Galvanization of the cervical region and epigastric region—one pole beneath the ear and the other over the stomach—with a current from five cells used for ten minutes, would insure a good night's rest—comparatively free from cough and pain. He also found relief from night sweats by use of faradism lightly applied over the surface. From choice the patient used galvanism for pain and faradism for sweating, instead of drugs. This patient after he began the use of electricity had a remarkable increase of appetite and digestion. He could take and digest three ounces daily of cod liver oil, and took daily a large quantity of raw beef and brandy, this remedy having been prescribed for him as the latest therapeutic novelty from Paris. His life by this means was surprisingly prolonged and his comfort greatly increased.

Case 3.—Mrs. ——, aged 53, had a cancer of the left breast, badly ulcerated. The pain in and about the tumor and through the chest, which at times amounted to angina, she was in the habit of relieving as much as possible by hypodermic injections of morphia. Hearing about the effects of galvanism in relieving pain in similar cases, she reported for that purpose. In this case the treatment by galvanism was remarkable in procuring relief from distress. The galvanism was used every other day by applying the positive pole over the dorsal and cervical spine, and the negative at various places over breast, side and arm. She stopped the use of morphine while being treated by galvanism, and was relieved of immense suffering by its use. She had used plasters, probably arsenic and zinc, for the cure of the cancer, and declined further treatment than what was calculated to relieve her distress.

ART. II.—**Dislocation of the Sternal Extremity of the Right Clavicle—Successfully Treated.** By J. P. WALKER, M. D., Mason City, Ill.

Mr. Wm. Keefer, a strong healthy man, age 22 years, 6 ft. 2 inches high, weight 180 lbs., came to my office on the 17th of December, 1880, at 10½ P. M. I found the sternal end of right clavicle resting just below the larynx, pressing firmly upon the trachea, interfering with respiration to great degree.

The accident was caused by muscular action in a fight with a very powerful man. The patient being decidedly intoxicated fell forward to his knees, face and elbows on the ground. His opponent holding him firmly in this position, by placing a knee on each side of his head, with arms around his chest, with right to left and left to right hands clasped under his chest. The

Digitized by Google

extraordinary efforts of the patient to arise, the peculiar position, with the weight of his adversary, evidently caused the dislocation.

I found no difficulty in reducing the bone to its position, but the dislocation recurred at once. Knowing the extreme rarity of this accident, I simply applied Foxe's sling, and sent him home for the night.

Not expecting ever to meet this dislocation I felt at once that I was not posted. I consulted Hamilton, Gross, Gibson, Sargent, Cooper and Erichsen, and found, as all surgeons know, no consolation or help from these great authorities.

I then concluded to try the powers of adhesive straps, dressing eight or ten days; then if this failed, to have a silversmith forge two broad silver hooks, say three-eighths or one-half inch wide, and two inches long, with an eye or slot for the attachment of straps, with which I intended to force the bone downward and slightly outward.

The dressing was completed about 9 A. M., 18th inst., which was about as simple as any dressing could be. First a strip three and a half inches wide and twenty inches long, was well heated and applied to the skin, about two inches above the clavicle, it (the bone) being kept in position by Dr. J. A. Walker, then smoothly and firmly over the bone itself, then to each rib carefully, as it reached them downwards and outwards, about fifteen degrees, until all of the ribs on that side were brought under complete control of this strap; then I added three other narrow strips to guard the main one; applied a broad bandage to the whole chest, as in fracture of ribs, and completed dressing with Foxe's apparatus for fracture of the clavicle.

I saw patient every day until the 28th, when I removed the straps and found there had not been the slightest change of the proper adjustment of the bone.

I reapplied the dressing, which I allowed to remain unchanged until the end of the ninth week. Finding every movement perfect, with no deformity, I removed dressing and dismissed him. I believe the cure is so perfect that experts cannot say which shoulder was affected.

I am of opinion that after the plaster is properly applied, the perfect control of the chest and shoulder motions, will make this accident as easily managed as any other of the clavicle dislocations or fractures.

ART. III.—**Pharmacists versus Physicians. Read before Second Annual Meeting of the Illinois Pharmaceutical Association, Peoria, Oct. 19, 1881.** BY V. H. DUMBECK, Peoria, Ill.

Mr. President and Fellow Pharmacists:

The subject I am about to treat of is one in which we all are so materially interested, that I trust you will indulge me in

Digitized by Google

absorbing some of your valuable time. It is the relation of the pharmacist to the physician. An article on the above subject appeared in the PEORIA MEDICAL MONTHLY for September, 1881, in which the writer is very severe on the former and makes some rather serious charges. He is candid enough to tell us in the outset that his interests are with the physician, and from his standpoint he will consider it. Our interests are identified with both professions, and will therefore treat it in a fair and impartial manner, as nothing can be gained, neither can harmony and fellow feeling be sustained by harsh and unfriendly controversies. The charges are very broad and sweeping, and asserts that the druggists have proven themselves unworthy of the further confidence of the people and profession, insofar as an inordinate desire to make money has led us to add patent medicines and various lines of goods to our stocks and business, recommend patent medicines to and prescribe for our customers. Now I doubt, whether among all this assembly of pharmacists, there is one who does not fully recognize in the physician an ally, and to a certain extent, a co-laborer for the advancement of pharmacy, and as such respects him, opens to him all avenues of information to the secrets of our profession, shows him favors not usually shown to others, and in every way shows him that we consider him an important factor in our profession. Only so long, however, can we thus respect him, as he proves himself worthy of that respect. When, however, he undertakes to criticise us, goes further and considers us unworthy and incompetent to compound his prescriptions, and ignores the pharmacist and the claims he has upon the physician, is it then to be wondered at that he loses that respect the pharmacist had for him. It is only natural. The physician who ignores the pharmacist and puts up his own prescriptions looses his prestige among our profession, as does the druggist who habitually prescribes for his customers, lose the respect and good will of the medical profession. It is not the wish nor to the interest of the pharmacist to antagonize the medical profession, and I think there is no cause for alarm on that score, as we only wish to be fairly dealt by, and know that the majority of pharmacists thoroughly discountenance counter-prescribing, and join in denouncing it as unprofessional, and the majority of physicians understand such to be the case, but as the *Druggists' Circular* for April says: if physicians wish to prevent encroachment on their domain, they should avoid invading others' property. Of course there are cases where we are asked for our advice on certain remedial agents where it is impossible to refuse information without detriment to our business, and an apparent ignorance about the same, but that does not and should not of necessity give us license to prescribe indiscriminately, and I doubt if it is ever done.

Regarding the sale and pushing of patent medicines to which the writer also refers, that is a matter in which he has

some grounds for complaint, because it is practiced by some, but not to any great extent, the profits on patent medicines not being large enough to warrant the expenditure of much time in so doing. The sale of patent medicines, however, is a thing over which we have little or no control; they are largely advertised, people call for them, and we must be able to supply their wants or lose their patronage. It does not necessarily follow that because we have them on our shelves we must push them, and such is not the case. But right here I wish to dwell for a moment on an important matter—a subject which was brought up at the Wisconsin State Pharm. Association Meeting, viz: The great liability of physicians to adopt new remedies, not much better than patent medicines, and practically nothing more, prepared and put up by the various manufacturers throughout the country; preparations that have no definite origin or claims to recognition as remedial agents, beyond the fertile brain of the shrewd manufacturer. They are for the first time brought to the physicians' notice through the advertising pages of the medical journals, "who, by the way, would not advertise a patent medicine so called," or through the pleasant, smooth tongued agent, who sets forth their many valuable qualities as remedial agents in this or that disease; the doctor determines at once that it is just what he wanted for some time, asks or influences the druggist to buy it, and after a few trial prescriptions, finds it worthless and has no further occasion to use it. It is simple enough, the physician has had the benefit, if any be, of the experiment; the manufacturer has sold his goods, but the indulgent pharmacist has paid for it all and has most of the stuff on his shelves as dead stock. Too many of you know that this is only too true, and the thought of your prescription shelves filled with the so-called new remedies and additions to elegant pharmacy, convince you of the gullability of the majority of the physicians and abuse of the confidence you place in them. I am afraid the writer spoke only too true when he said he would consider and argue from the physician's standpoint, as all the blame is laid at the door of the pharmacist, he does not stop to consider how many physicians put up their own medicines and thus deprive the druggist of a considerable revenue, and it is no small amount, but would materially swell the prescription trade of the druggists. As for the substitution of other ingredients than called for in physicians' subscriptions, I doubt whether it is ever done without the doctor's consent. The complaint that the druggists charge too much for filling prescriptions can hardly be sustained, as competition is too great to allow of unreasonable charges, even if it were intended; but will say that I consider the druggist the poorest paid, considering the responsibility that rests upon him, the number of hours he puts in and the length of time he spends perfecting himself to become competent to fill the trusty posi-

Digitized by Google

tion, and that no other professional man would consider himself even half paid at the remuneration that falls to the druggist.

That we have added other lines of goods to our drug stocks proper is not to be cited against us, as the profits on the drug and prescription business alone are not sufficient, in the majority of cases, to enable the druggist to make a living and pay expenses off the same. The Philadelphia County Medical Society recently started a controversy with the druggists of Philadelphia, regarding their rights and privileges; but finding that the pharmacists were determined in asserting their independence of action and maintaining their professional standing, receded from their rather arbitrary resolutions and compromised upon the terms offered by the Druggists' Trade Association.

In conclusion, I wish to say that I fear no contradiction in asserting that the pharmacists of the state of Illinois are too honorable a body of men and too much in love with their profession to not resent anything tending to lower the standard of our calling and jeopardize the friendship of the medical profession.

ART. IV.—Report of a Post Mortem.—Was it Cancer of the Liver; Diagnosis Wanted. BY FRANK L. SEARLES, M. D., Clifton, Iroquois County, Ill.

I was called September 28, 1881, to ascertain the cause of death in the case of C. C., a young man sixteen years of age, who while engaged at plowing, fell dead. The following was all that I could learn regarding his previous history: He was growing rapidly, and had a somewhat delicate appearance, although he had never been sick a day in his life. The family history was good. He had a good appetite and had made no complaints of any pain, though on close questioning some of the family did remember hearing him complain of pain on the right side. This was everything that could be learned from the family. There had never been an icteric color noticed.

Inspecting the body I found no marks of any kind except escaped feces, and the abdomen distended with a fluid of some kind. On making section, I found the abdominal cavity filled with blood; about one-half of the right lobe of the liver entirely gone, leaving a roughened, ragged edge; the bile duct was empty or nearly so; the portal vein was bare for about one inch, and was ruptured, the denuded portion of the vein being soft and patulous; the lobules on the exposed surface of the liver were crumbling and falling off. There was no line of demarcation and no induration. After as careful an examination as our facilities would permit, it was pronounced by Dr. N. R. Marshall and myself to be medullary cancer.

This being the second case of this kind occurring in this vicinity, we are anxious to know if there is any reliable way of knowing when a person has a cancer of the liver.

Digitized by Google

ART. V.—Slow Pulse. By J. P. WALKER, M. D., Mason City, Mason County, Ill.

In response to your request in the October number, I shall give you a short outline of a case of slow pulse treated by me, and visited by Drs. M. Hurst, of Sweetwater, Menard County; Dr. Green Hill, of Middletown, Logan County; and Drs. J. A. Walker and W. P. Walker, of this city.

Called August 2d, 5 P. M., 1878, to see Mr. Uhler Tackelson, of Menard County, (Norwegian), a man of good physique, fair complexion, medium height, weight 160 lbs., bridge builder by trade, but has been farming during the past fifteen years, in one of the richest malarial districts of the Salt Creek country. He had been treated for two weeks for sunstroke. I found him in a state bordering on collapse, and expected death to follow at any moment; skin cold and bathed with profuse perspiration; breathing and deglutition difficult; respiration 10 per minute; pulse pretty full, 9½ per minute; temperature 101⅘ in rectum. Under the free use of stimulants and tonics, with hot applications, his symptoms improved during the night, so that his pulse came up to 32; respiration 14; temperature 100⅕.

From this time on, for over two weeks, he had a paroxysm, about as above described, about every twelfth hour, temperature rising for every two or three hours, then gradually falling; breathing and pulse declining in frequency with the rise of fever, and increasing with the decline of temperature.

For three weeks I never found the pulse above 36, and it often fell to 7 per minute. A record of his pulse and breathing rate, with temperature, was strictly kept for nineteen days, every sixth hour. About the fourteenth day he began to improve. I discontinued my visits on the 21st.

From the best authority I am satisfied that his pulse has not been so high as 40 at any time since his first attack.

I treated the case as a malarial fever, with quinia, iron, zinc, arsenic, strychnia, etc, with stimulants. I met the patient yesterday in good health.

Correspondence.

Physician versus Druggist.

Editor Peoria Medical Monthly:

I, a physician, stand with you in regard to dispensing our own drugs; for our patients and ourselves require this step forward. And our colleagues must go hand in hand, or 'twill amount to nothing. Stand forth for these, our rights, as well as

Digitized by Google

the rights of our patients, as other working men do, and where, let me ask, are harder workers to be found than medical men? Not in other professions, nor even among day laborers. If this is not done, who will be the physicians and surgeons? Why, it will all fall into the hands of the druggists. Not only in small places, but in the larger cities, the drug venders do an immense business as prescribers and dispensers of medicine, to the injury of physicians and people generally, not only pecuniarily, but physically. And not only do they prescribe for simple ailments, but for grave affections too. No doubt all physicians have met with more or less cases of diseases aggravated through the ignorance of prescribing drug venders. No redress, however, can be had by the physician unless we work as a body against what is really a most grievous, serious and reprehensible opposition. If people could only be brought to see the serious results springing from the practice of consulting a druggist, and taking his nostrums, when he is entirely unacquainted with the nature or treatment of their ailments, they would speedily consult an M. D. of good standing, who could not only tell them what ailed them, (which the druggist could not) but prescribe for them, that which, if it did not *cure*, at least would not *injure* nor *kill* them; for if the druggist does not dispense *death* with his drugs, 'tis not his knowledge of the practice of medicine that saves his patients' wooden overcoats.

Here, in these small towns, almost all physicians dispense their own drugs, (yet there is a druggist in every camp) but they combine other branches of trade (fruit, dry groceries, etc., etc.) or they could not subsist. Nevertheless, people after dosing themselves with home remedies without the desired result, then consult a druggist, who prescribes, and then if no benefit is derived, they eventually go to an M. D., who most likely has to undo much mischief, cure the patient, wait for his fee, and have little credit for his trouble.

I could enumerate numberless cases out of my practice, of persons whose ill health had been much aggravated by taking prescriptions given and compounded by druggists, entirely ignorant of the serious ailment of the purchaser, but this is a discussion, not a case book. But I cannot forego stating a case which came to me to-day, of an old man who had simple urethritis, aggravated into stricture, by a severe injection of nitrate of silver, given by a resident druggist here. This partly answers the first query. Now as regards the saving to patients, not only pecuniarily, but otherwise. Here $2.50 is the office fee charged, and $5 for a call, then for each and every prescription put up by the druggist, they receive $2.50 for a four ounce mixture (this I find to be the case throughout the entire state of Nevada). Now this is not only exhorbitant, but generally, almost impossible for a poor man to pay, if his illness requires much medicine or many changes; whereas a physician could

Digitized by Google

charge $5, medicine inclusive, and so thwart the druggist. I, sending many prescriptions to the druggists here, am charged 50c. for a small camel-hair pencil. If the M. D's had as much d—— cheek (excuse me, but I mean it, and so will not take it back) as the druggists, you would oftener run against a physician with a bank account.

Your second query as to the plan of fighting these opponents, I can see but one plan I think feasible, and this is complete co-operation of the practicing physicians themselves, taking a firm stand against them, filling the prescriptions for their patients out of their own medicine closets. If this state would pass a law requiring all druggists to be legitimate graduates of a pharmacopeal school, 'twould do away with many ignorant dispensers of drugs. The druggist here is a *tinsmith* by trade, he bought a pharmacopea, stacked a half dozen shelves with patent medicines and other nostrums, filled a few bottles with simple medicines, a couple of hundred pills, (assorted) and commenced business; has done so well, I am sorry to say, as to have added hardware and dry goods to his drug shop, through the means thus earned.

Third query, as to the lowering of our professional dignity. *That* is all *bosh*, Here in this state 'tis almost compulsory for a physician to carry his medicine case, and one would be thought less of for not so doing, and be accused most likely of incompetence and ignorance if he did not possess and use the above article.

As to your fourth query, that is easily answered, and 'tis as you say, no more trouble than writing a prescription for what you are *not* sure of getting pure. In putting up the needful medicine yourself, you are assured of the correctness and purity of the drugs your patient uses. You say, "nothing now remains but to go to work;" "bravo," say I, immediate action, individually, as one body, adopt this means of squeezing them out, or getting them into their proper traces (the latter impossible).

You have answered the fifth point so thoroughly, nothing remains but the assurance that in that, too, I coincide with you. Hoping all will come forward in a firm stand against this most serious class of quacks, I have the honor to be one of your most hearty advocates.

DR. JOS. A. STITES.

Belmont, Nevada.

Editor Peoria Medical Monthly:

I read Article V—"Inunction in Scarlatina," from the pen of J. P. Walker, M. D., also his article referred to, and wish to say, I perceive only one thing new in his discovery, viz.: the contagiousness of the desquamation. I have not observed

Digitized by Google

closely enough since my attention has been drawn in that direction, but if I can rely on memory, I have seen many cases follow the exposure of the first febrile attack, before desquamation could possibly have been induced, or before any rash recognizable was formed. I have taught my patrons the danger was in breathing the fevered breath, and I still think so. I have been in the habit of greasing or oiling the skin for thirty-five years—taught to do so by my father, who had practiced it near fifty years before me. As to success I have only lost one case in ten years, and do not now know that there has been any extensive spreading of the disease from my patients during my entire practice, and I believe I have had a reasonable share of the cases occurring in our vicinity. As to specifics I have none, but treat all my cases on general principles, striving to help nature eliminate blood poisons, holding up the vital forces until the system has passed its change and the new mode of motions is established, when all is well again under the new regime. Smallpox, measles, etc., etc., I treat the same way, and have no difficulty (or but little), and I think, judging from my own experience and success, that there has been too much experimenting, hunting for specifics. If let alone with the old women, and their grease and sulphur, more patients would recover fully, and the mortality would be less than has been the past few years. But then, my bloated experience, as one young doctor called it, stands in the way of the advancement of medical knowledge. So be it; if medical knowledge has to be gained at the sacrifice of many lives, and saves less when obtained than the old methods. I have never tried the potassic iodide, and why should I, when my cases get well easily without it? If the article will prevent the contagion, I would like a good prophylactic. As to credit for the practice of oiling, there is none to be given that I can see, unless it be for returning to the old paths in some new place, where all the doctors have had their heads turned by specific medication, as taught by the homœopaths and a part of the eclectics, which teaching in my opinion is damaging the profession at large, and a curse to the people—inducing experimentation to the neglect of doing what ought to be done when there is a chance to save life and prevent sequela of a serious character. I think it is well that the journals recall the old remedies sometimes; but after all, "there is nothing new under the sun," at least we all find somebody has preceded us in our investigations and experiments, and stand ready to take the furl all out of our sails. But that should not deter us from stirring up one another's pure minds by way of remembrance. I like the doctor's grit, and it would be as well for him to know that the *Lancet*, and many other journals, know but little outside of what is supposed to be the best authority. It isn't quite right, but you tickle me and I will tickle you; or, I will throw a stone into your garden if you

Digitized by Google

will throw one into mine—and it is hardly worth while to feel bad about it. It is according to the ethics of medicine, the professors and leading men may advertise their specialties largely, but any others must not, or be ruled out. But I guess it is a good thing that all cannot say shibboleth, as there would be none to be killed.

But then, what a glorious science ours is—in all the literature belonging to it there is to be found only three papers on greasing the skin in scarlatina and infection by desquamation, and yet it has been practiced seventy years, and believed, for aught I know, one thousand years. How careful have we all been to take care of the clothes, excreta, etc.? Oh, bosh! doctor, there isn't anything about a patient but what will carry contagion, whether it be the old skin, or the old food and worn out tissues in any form, excreted or thrown off.

So, doctor, don't be taken aback by others claiming priority of discovery. Try again, and as soon as I can meet some cases I will try to test the virtue of your discovery; but then, I don't know just how to do it, as we prevent exposure as soon as we find sore throat and the rash. Oh, how my mind runs back twenty years! How careful I have been, and yet hundreds of cases come up before me where I am as certain as I can be of anything the contagion never arose from anything but the fever of inception, before even we could diagnose correctly. I can't believe it, doctor. It will require statistics accurately taken, where every precaution has been taken, and where numbers are involved, beyond the possibility of a general practitioner like me to establish the postulate as correct.

Hoping to hear more on the subject and something beyond theory, I remain, yours, interested,

GEO. W. CARPENTER, M. D.

South Bend, October 14, 1881.

Editor Peoria Medical Monthly:

As requested by you, I called upon Mr. J. A., of whose remarkably slow pulse I sent you a short account. He is seventy-nine years of age, shoemaker by trade, has farmed for twenty-five years in this State. I made a careful examination of his heart, and found nothing to indicate any abnormal condition whatever. I find his normal pulse to be 30 beats per minute when setting quietly in his chair. He complains very much of vertigo and of a continuous roaring in his head. He states that his head hurts him nearly all the time, this he attributes to a fall from a hay-mow some years since, at which time he says he fell upon his head. His wife thinks, however, that he is mistaken about the fall. He moves around the house very slowly and feebly, much more so than is usual in persons of his age.

Digitized by Google

This I believe is all that is of any interest about the case. I shall watch the case and report, if anything of further interest develops.

Fairview, Ill., Oct. 13, 1881. S. B. BENNETT, M. D.

Book Notices.

Artificial Anæsthesia and Anæsthetics. By HENRY M. LYMAN, A. M., M. D., Professor of Theory and Practice of Medicine in the Woman's Medical College, Chicago, Ill, New York: William Wood & Co., 27 Great Jones Street. 1881. Cloth, 8vo., pp. 338.

A late, complete and practical work on this important subject has long been desired by American practitioners. It has been a matter of wonder that among the large number of medical works issued yearly, this subject has been so neglected, and it is to the liberality and enterprise of Wood & Co. that we owe the present volume. What was wanted was a volume that would treat of every phase of anæsthesia, give all the minutiæ of each agent, in short, be a complete guide to everything that a physician will ever want to know. The volume before us certainly "fills the bill" in every particular. With his immense store of facts to draw upon, his unceasing energy and elegant style, no better man could have been selected in either continent, than Professor Lyman. A student can take this book and can understand and profit by every page. An old practitioner will find it of an equal value. No subject in any manner connected with anæsthesia has been forgotten. To show this we will give the headings of a few chapters: History of Anaesthesia, Phenomena of Anaesthesia, Physiology of Anaesthesia, Administration of Anaesthetics, Method of Producing Anaesthesia, Various Inhalers, Accidents and Treatment of Accidents in Anaesthesia, Anaesthetic Mixtures, Mortality, Medico-Legal Relations of Anaesthesia. Then follows a consideration of every known agent capable of producing anaesthesia —some of these we think are but slightly known to most physicians, by name at least—for who would confess an intimate acquaintance with monochlorethylenchloride.

The particulars of nearly 400 deaths from the use of chloroform are given in full, and form by no means the least interesting part of the work.

We give the volume a hearty welcome. It forms the September volume of Wood's Library for 1881.

Sewer Gas and Its Dangers; with an Exposition of Common Defects in House Drainage, and Practical Information Relating to their Remedy. By GEORGE PRESTON BROWN. Chicago, Ill.: Jansen, McClurg & Co. 1881. 12mo., cloth; $1.25.

In the preface, the author states that: "This is not a scientific treatise on sewer-gas, nor does it undertake to impart

Digitized by Google

technical information on plumbing and the construction of house drains. It is the result of investigations made by an impartial inquirer in this city (Chicago) for the purpose of ascertaining to what extent that bane of city life is responsible for sickness and discomfort. * * * Faithful records of the sorrow and suffering encountered, so far as they were the result of sewer-gas poisoning were kept. The presence of the irresistible and insidious enemy in the houses of those afflicted was found to be seldom realized."

No book has lately come into our hands that is capable of doing more good than the one before us. If it was scientific and technical, its usefulness would be very much lessened. Stern facts are needed to make people think, and here they are in sickening abundance. We have personal knowledge of some of the cases related and can vouch for their exactness and freedom from any sensational coloring. The volume is fully illustrated by diagrams showing the condition of the pipes and drains found in houses where sickness and death had declared the presence of a powerful enemy to health and life. If there is no law against criminal house drainage, a perusal of this book by our legislators would certainly lead to the enactment of one.

This is a subject with which every physician should be familiar with, especially those practicing in our cities, and a reading of this work would put them on their guard, show them where the poison may come from, and how it may be detected. If it were possible, this book should be put into the hands of every physician and householder in every city having a system of sewerage.

A Practical Treatise on Hernia. By Joseph H. Warren, M. D., Member American Medical Association; British Medical Association; Massachusetts Medical Society, etc, etc.; Second and Revised Edition. Fully Illustrated. Boston: James R. Osgood & Co.; London: Sampson Low, Marston, Searle and Rivington. 1882. 8mo. Cloth; pp. 428.

The reception which the first edition of this work met with at the hands of the medical profession, must certainly have been very flattering to its author, and we believe it was fully deserved. It is now a thoroughly comprehensive and practical text-book on Hernia, and as such, and the best one in any language, it will find a place in the library of every surgeon.

While devoting much space to a consideration and full explanation of the operation for the radical cure of Hernia, of which our author may be considered the perfector, it is by no means a book of one idea. Even an operation which has been put forth only within the last year, receives full attention and has a chapter devoted to it alone. Six new chapters have been added to the first edition. One each, on Causation of Hernia, Recent Operations, Artificial Anus and Wounds of the Intes-

Digitized by Google

with trash, that even a Hercules with the aid of all the Niagara falls could not venture to clean out that Augean stable.

Though the semeiotic of the tongue has been greatly exaggerated, yet its real value cannot be denied, when considered in connection with all the other pathognomonic signs, although the appearance of the tongue seems to be of a greater prognostic than of a diagnostic value. It can refer to its size, form, color, temperature, motability, moisture and coating. Some races exhibit a broader and larger tongue than others, for instance the Semites. Aside from injuries and idiopathic inflammation of the tongue, it is often swollen during angina and salivation; when growing too large for the cavity, then the form of the teeth will be impressed on its edges. In emaciating diseases and muscular atrophy, the tongue will also shrink, becoming small and pointed; the same occurs in typhoid fevers, where it is often red and trembling. The color of the tongue can depend on its substance or on its coatings. Its normal color is a kind of rose-red, but it can grow paler, or become blue or dark red. Paler in anaemia, chlorosis, etc.; blue when the circulation is impaired; so in dyspnoea, in heart disease, causing cyanosis. A red tongue caused by strong injection of the capillaries, was always considered to be a certain sign of gastritis. But this assumption is not borne out by the facts. In no other disease does the tongue appear so intensely red than in scarlet fever; and yet this malady is very seldom complicated with inflammation of the stomach, while on the other hand gastritis can exist, either acute or chronic, without the least change in the appearance of the tongue. Its own temperature is difficult to ascertain, as it generally runs parallel with that of the surrounding parts, but in high fevers an increase of its own heat has often been observed.

As the articulation of the sounds depend to a great extent on the motion of the tongue, the speech will be impaired if it cannot follow the will of the patient, which indicates a great disturbance in the cerebral system. The same applies to the trembling of the tongue; another bad symptom is when the patient is unable to stretch it out; when under his efforts to do so the apex of the tongue will disappear behind the alveolar border of the lower jaw, while its dorsum presents a spherical form. In paralysis it loses its symmetry; the apex is turned toward one side. Lingual dryness does not always indicate a pathological state, so for instance when the nasal canals are narrow and the mouth is kept open; or when the surrounding air is hot and dry. Its meaning in diseases will be considered with the coating. The latter are limited to the dorsum and show a great diversity regarding their color and thickness; from white, yellow, brown and black; from a thin creamy layer to a thick fur and crust. A perfectly clean tongue during a normal state of health does not exist. The epithels of the papillæ filiformes

Digitized by Google

being denser and less transparent than in other mucous membranes, give it a whitish hue, and if there is an increased growth of them, they will apparently form a white coat; but if this growth becomes excessive, then the epithels will reach a considerable length, when we call it a hirsute tongue. It was a general belief that a white coating would always indicate gastric, and a yellow tongue bilious affection; but the tongue is not a reliable speculum of the intestinal tract. In tonsillar angina, even during the presence of a parulis it is covered with a thick white or yellow coat, and it is hard to conceive how stomach and liver should at once commence to mourn for it. Catarrh of the stomach can exist without the least change of the tongue, though in some cases it involves the latter, either by contiguity through the œsophagus, or, as others believe, by sympathy; an easy explanation! If the mucous membranes of the whole system are influenced by a pathological process, why should that of the stomach make an exception?

The coating can be tinged by articles introduced from outside; for instance by fruits, tobacco, medicines, or by the saliva and other secretions. Around the papillæ circumvallatæ and near the base, the tongue is uneven, almost as rough as a grater, and here is the place where remnants of food, mixed with slime, etc., are retained, causing an offensive smell (frequently attributed to a bad stomach), a veritable cesspool, if not regularly cleaned, a hot-bed for germs—bactria, vibriones, etc. The black coat which sometimes covers tongue, nostrils, teeth and lips is often caused by a slight exudation of blood, mixed with exsiccated slime, epithels, etc.

If the fungiform papillæ become enlarged, they will mainly project there, where they are the most numerous, that is on the apex, causing the so-called raspberry tongue. If the epithel of the filiform papillæ is thrown off, then the former become denuded and the whole surface of the tongue appears to be smooth and glittering like covered with a coat of varnish. A thick crust can originate from dried up slime, epithels, etc. A white, furry tongue, with a pointed red tip (enlarged fungiform), predicts a sickness of long duration. A thick white coat, like wafers, which mainly befalls children, will, when it suddenly disappears, be followed by a smooth and dark red tongue. It often appears in the beginning of typhoid fevers with a tendency to cerebral congestion. There is another coating of a dirty color, difficult to describe, which indicates an almost certain fatal issue, at least a great danger. A permanent dryness of the tongue is a bad symptom, and principally caused by a swift and hot current of air passing over it;—(quickened respiration). A very sick patient will neither speak, nor drink or eat, so that there is no mastication and no efflux of the saliva. As the base of the tongue is not rinsed a thick slime will there accumulate, covering also the fauces. If the surrounding air is

Digitized by Google

kept cool and moist, while beverage is freely administered, then the dryness will be greatly diminished. There are cases in which the tongue seems to be moist but smooth, only that the fungiform papillæ are somewhat projecting, but if we put our finger on it it will stick like it were retained by some cleaving substance. They are observed in the trail of typhoid fever and indicate no particular danger, but a protracted convalesence.

A very smooth glittering tongue occurs in chronic diarrhœa, in obstruction of the mesenteric glands, and in enteric fevers, when the epithel of the entire intestinal tract becomes rarified. If it is likewise very red and trembling, great danger is to be apprehended. Again, the tongue can be clean, only here and there some white scales, arranged in a gyratic form, similar to that of a ringworm; sometimes observed in tuberculosis.

The dryness of the tongue can be limited to its margins, to its middle and top, or it embraces the whole dorsal surface. There is still another form where the color is equally red, but as soon as the tongue moves, paler spots will appear; seen in debilitated persons and caused by a want of tone in the capillaries. As the cutis of the tongue is tightly annexed to the lingual muscles, it will wrinkle when the former become atrophic.

A great deal more could be said on the foregoing subject; so, for instance, in regard to the different tastes in diseases, to the reaction of the tongue in intermittents, hysteria and many other disturbances, but I do not wish to impose too much on the patience of the reader and on the space of this paper. In conclusion I will say: Never depend too much on one solitary symptom, but put all and every one under one bright focus.

ROBERT ROSKOTEN, M. D.

Peoria, Ill.

A Grave Prognosis Happily Ended.

Last month, H. R. came staggering into my office, and dropping into a chair, informed me in melancholy tones of his ailment, which he supposed to be of a serious character, and wished immediate relief.

On inquiry, I learned that he had a sleepless night and urinated frequently, which he could not account for. He could not talk fluently because his tongue seemed to be unwielding; he spoke evasively, and could not read, because his mind would wander from the subject. Had not eat or drank anything unusual, had not taken medicine, had no chills or fever, had no disturbance of digestive organs, had no pain.

He seemed anxious and felt a sense of impending danger.

His pulse was 70, respiration normal, mouth dry and tongue normal, pupils dilated, but responded readily to light or darkness.

Digitized by Google

This man is well-known to me, he is of temperate habits, and an industrious hard worker, about 54 years old.

I thought it a nervous difficulty, and advised him to go home and seek quiet in mind and body. I gave him Rochell salts and cream of tartar, and told him to take frequent baths, and eat bland food.

On leaving my office he asked me if he should take off the plasters. This was throwing light on a doubtlful case. On examination, I found a 4x6 on each shoulder, and a 6x10 belladonna plaster on his back.

Now, here was all the trouble. In these days of medicated plasters, ointments and liniments that the people, ignorant of their disease, prescribe for themselves, and tax the practitioner's brain to make a diagnosis in the case, when not fully inquired into. We must not only ask what they have taken internally, but what they have applied externally.

This man was undoubtedly under the effects of belladonna for hours, and would have suffered greatly if not for his accidental question.— *Western Reporter.*

Four Cases of Genital Reflex.

The subject of reflex nervous diseases being yet *subjudice* in the minds of some, it is deemed not amiss to make brief record of the following cases of reflex gastralgia, dependent upon adherent prepuce.

I. Harry H., four years old, a child of extraordinary size and vigor, was brought to me by his mother, who stated that the boy had, for several weeks past, been complaining of pains in the stomach. In the midst of play, he would suddenly put both hands upon his stomach and run to his mother, crying with pain. In a few minutes the attack would be over, and he would return to play. This would be repeated several times a day, and the paroxysms seemed entirely independent of taking food. He would also wake up in the night, crying with the pain. I tried quinine and various other remedies, without the slighest effect. After ten days of fruitless medication, I had the boy stripped, and made a thorough examination. Finding nothing but an adherent prepuce, I separated it from the glans, merely as a matter of routine.

At the next visit, the mother stated that there had been no more paroxysms. After two weeks, however, the pains returned, though much less intense and more infrequent. The prepuce being rather tight, circumcision was then performed. The attacks never returned, though a year has elapsed.

II. Algy B——, three years old, a delicately formed, though very active child; has had "since birth," so his mother states, more or less pain in his stomach. The symptoms as at

Digitized by Google

present existing correspond to those described in case I. On examination an adherent prepuce was found and at once separated. It was neither redundant nor very tight. Since then, a period of six months has elapsed without a single return of the pains.

In the first and second cases there was discernible no hereditarily transmitted neuropathic element.

III. Freddy E——, a fine child of five years, has had for six weeks past exactly the symptoms described in case I. He had been under my observation for two years previously, and, with the exception of an attack of diphtheria, has been perfectly healthy. Examination revealed an adherent and very tight prepuce, which was at once separated. The same evening circumcision had to be performed, to obviate the phimosis which followed. The attacks have never returned, three months having elapsed. The severity of the paroxysms is shown by the fact that the child, after the operation was performed, would frequently ask his mother "if those pains would come back now." The father of the patient was an inebriate. The mother has suffered from uterine retroflexion and general nervous disturbance since the birth of the child.

IV. S——, three years old, was brought to my office with a similar history to those already given. An adherent prepuce was found and separated. No more attacks have occurred during the six weeks which have elapsed. A recent examination disclosed the fact that limited adhesions have again formed, the prepuce being very long and rather tight. Parental antecedents unknown to me.

Adherent prepuce is so common in infancy, that it may be considered a normal condition. In adults I have never seen it. Evidently, then, the adhesions must be, as a rule, broken up by accident as children grow older. The age at which this takes place must vary. I have found a partially adherent prepuce in a fine boy of seven, who had never had any reflex symptoms. In all the reported cases the prepuce was adherent throughout its whole circumference, the only portion of the glands which was free, being a greater or less area around the meatus. I have also seen a completely adherent prepuce in a healthy boy of five, who had manifested none of the symptoms found in the other cases. One noticeable fact is the relatively large size of the penis at birth, and its slow development until near the age of puberty. It is clear, then, that whereas a tight or adherent prepuce does not, in the vast majority of cases, give rise to any symptoms before the condition is remedied, yet in many cases it does. The occurrence of four cases in my practice after my attention was called to the subject, would seem to indicate that these heretofore neglected cases cannot be very infrequent. No doubt the majority of them are cured by the accidental sep-

Digitized by Google

aration of the prepuce, which would seem to be the normal course of events in all cases.

Prof. Bauduy, of St. Louis, has observed and reported a case similar to those described.—*Dr. Saunders in Alienist and Neurologist.*

External Use of Jaborandi in Mammary Inflammation.

Mrs. K., multipara, on the sixth day after confinement, had much pain in the left breast, which had become hard and swollen, with considerable fever, pain in head and back. In examining the breast, I discovered a large cicatrix, and on inquiry learned that in her second confinement she had suffered in a similar manner; that the inflammation went on to suppuration, and finally the breast was lanced. I prescribed a diaphoretic mixture, and locally used a poultice composed of two parts flaxseed meal and one part crushed jaborandi leaves. The leaves were infused in a quantity of hot water necessary to make the poultice of proper consistence, in order that the active properties of the jaborandi might be more thoroughly mixed with the meal. These poultices were continued for forty-eight hours; at the end of the first twenty-four the breast was flaccid, the swelling reduced, and the pain had disappeared.

There was no milk drawn from the breast in the interim, and the most gratifying feature was the fact that the engorged breast was entirely relieved. At the end of the second day the treatment was discontinued, the milk flowed freely, and the mother nursed the child from this breast as well as the other. I have used this treatment in a number of similar cases since then, and have never seen it fail, if adopted before suppuration had set in.

I have used these poultices in the inflammatory stages of buboes, and succeeded in preventing suppuration. In mumps this treatment proved equally gratifying.—*Dr. Stehman in College and Clinical Record.*

Mimic or Phantom Aneurisms.

Dr. Samuel West describes eight cases of temporary pulsating tumors, situated in the outer sub-clavian region, and accompanied with thrill and murmur, and sometimes dilated veins. In all, the remarkable feature was the temporary duration of these symptoms, which appeared and disappeared, usually associated with states of excitement or quietude. The prominence of the tumor, with the other physical signs, suggested aneurism of the axillary artery, but in all the cases the total subsidence of the symptoms disproved this view. Of the cases, seven were

Digitized by Google

males, and came to hospital complaining of debility or nervousness; and in four, of discomfort in the sub-clavian region. In half the swelling was unilateral, and in the other half more marked on one side than the other. A murmur was heard in all, and a thrill noticed in six. Dilated veins were present in five on the affected side. The signs were unaffected by position, but readily produced under excitement. With the exception of the pulsating abdominal aorta, to which Sir James Paget applied the term "mimic aneurism," this condition has not been described. Dr. West explains it as a disturbance of enervation, the sympathetic being a fault. It might "produce the required result by exciting contraction of the peripheral portion of the vessel, this being followed by secondary mechanical dilatation immediately above the constricted part."—*St. Bartholomew Hospital Reports—Can. Med. and Surgical Journal.*

Intra-Capsular Fractures.

The treatment of intra-capsular fractures has enjoyed the attention of the best minds, in this country. In this paper I intend to summarize the teachings of modern surgery and suggest some additions to the treatment.

Intra-capsular fractures are those involving the neck of the femur, entirely inside of the capsule of the joint. They are peculiar to advanced age and to females. They are remarkable on account of the small amount of force necessary to produce them, and for the extreme difficulty in obtaining union by bone. As age advances remarkable changes take place in the shape and size of the neck of the femur. It joins the shaft more nearly at a right angle, diminishes in size and becomes more fragile. The possibility of bony union in these fractures has been discussed with no little warmth. Astley Cooper's and Frank Hamilton's researches show that, though possible in some instances, it is so rare as not to invalidate the truth of the assertion that there generally is non-union. Union does not take place for the reasons:

1. There is a deficient vascularity in the bones due to their relative positions and deficiency of the artery passing through the ligamentum teres.

2. Whatever reparative material is developed has no local permanence, there being no support or nidus for it.

3. This material becomes so diluted with increased secretion of synovial fluid, as to be incapable of making any progress.

4. Imperfect coaptation and the impossibility of keeping the parts quiet.

These causes combined with the action of the powerful muscles at the cite of fracture, constitute the chief reasons for non-union.

Digitized by Google

The treatment has been the subject of difference of opinion. Erichsen advocates a similar plan to Agnew's. The failure on the part of surgery to have means to coaptate the ends of the fractured bones is enough to account for the failure of many fractures to unite. If surgery proposed no better methods of treating fractures of long bones than those for intra-capsular fractures, there would be, no doubt, as much non-union in these and it would be said that the bones are degenerated, etc. Is there not too great a tendency to saying such things instead of trying to put the bones in good coaptation? Extension must always be used in the direction opposite to the displacing force.

All the forces act on the lower fragment and the tendencies to displacement are upward and inward. The muscles are strong and numerous and tend to draw the femur upward, shortening the limb and turning the thigh outward and throw the trochanter, behind the acetabulum. There is eversion of the foot and crepitation can be distinguished when extension is made. The teachings of modern surgery, that extension be used, is not sufficient.

The following plan, which I offer, is rational and has been successful in two cases in my practice.

Apply extension in two directions in opposition to two forces, longitudinally and laterally. Put adhesive strips along the leg and foot to hold a cord passing over pulley and attached to weight. Lateral extension is made by a five inch muslin band around the body. A splint is applied to the inner aspect of the thigh. A pulley is placed opposite the crest of the ilium and four inches above it. Counter-extension is made by the body; the bed is elevated at the foot, one foot on the fractured side and eight inches on the other. The head post on the injured side is elevated four and a quarter inches. By this method the fragments are brought as nearly correctly into opposition as is possible. The inner surface of the capsular ligament is rendered tense and applies itself to the sides of the neck and holds it.

It takes 14 lbs to accomplish extension, and for lateral extension 8 to 9 lbs. When the irritation of the muscles has subsided the weights may be diminished to 1½ lbs or less.

The advantages of this method are; that it allows of the use of a bed pan; the danger from bed sores is *nil*; the pain in the hip subsides soon, in a few days.

Case 1.—Mrs. G., æt. 52, was injured in the right hip, Jan. 14, 1871, there being an intra-capsular fracture. It was first dressed by simple longitudinal extension. These dressings were changed to those described in ten days. Callous could be felt at the end of seven weeks. I saw her a few days since and she says that the fractured limb is much better than the other; and she can attend to her duties very well.

Digitized by Google

Case 2.—Mr. R. P., æt. 72, Jan. 29, 1881, fell, striking his right hip. On examination, found the neck of the femur broken. He was kept in bed seven weeks. After the lapse of the first five weeks all the dressings were removed, union having taken place. The soreness passed away in one week. He took but two powders of morphine, and suffered scarcely any pain during the whole course of the treatment. To-day he walks well without a crutch or cane. I am satisfied too, that this could not have been accomplished without lateral extension.—*Dr. J. T. Maxwell before Illinois State Medical Society.*

Painful Affection of the Foot (of Morton), with a Case.

In his Report on Surgery in the Pennsylvania Hospital for 1880, Dr. T. G. Morton described an affection of the foot hitherto overlooked in surgical literature. As the affection seems to be rare, the subjoined case may be of interest.

Some time since, Mr. C. S., while walking across a field, twisted his foot and fell. Upon attempting to rise, he found that the foot was so painful that he could not stand upon it. He was taken to his house, where the foot was examined. It presented a bruised, *blackened* appearance, as if there had been extravasation of blood, but was not swollen, or if at all, very slightly. No dislocation could be detected. Rest, with the foot well elevated, and the use of anodyne applications gave entire relief in a few days. A few weeks later he was again affected in exactly similar manner—the pain being so intense that he involuntarily grasped the foot in his hand and forcibly compressed it. For an instant the pain was agonizing, but the compression produced what he called a "cracking" sound, which was followed by instantaneous relief. Since that time he has been similarly affected on several occasions, and always succeeds in getting instant relief by making forcible lateral pressure.

Dr. Morton has recently collected and reported a few additional cases. The disease is characterized by the most intense pain localized in the third and fourth metatarso-phalangeal joints. Females are not more frequently affected than males, nor the right foot than the left. Swelling is seldom present. Most cases result apparently from injury, as a sudden twist of the foot in walking, especially on rough roads. Any exercise which may suddenly displace the toe when confined by a shoe, may produce the trouble. Nothing abnormal is to be found in the joint, and on section through the bone the parts are seen to be normal. According to Dr. Morton, the cause of the trouble is the anatomical relations of the metatarso-phalangeal joints. The first, second and third metatarso-phalangeal joints are on a line, but the head of the fourth metatarsal bone lies from one-eighth to one-fourth of an inch behind the head of the third, and the

Digitized by Google

head of the fifth lies three-eighths of an inch behind the head of the fourth. The joint of the third is slightly in advance of the joint of the fourth, and the joint of the fifth is considerably behind the joint of the fourth. There is slight lateral motion at the first three metatarso-phalangeal articulations; this is greater in the fourth and fifth. Lateral pressure brings the head of the fifth metatarsal bone and the phalanx into direct contact with the fourth metatarso-phalangeal articulation, and, to a certain extent, the fifth metatarsal rolls above and under the fourth. This gives an opportunity for bruising the digital branch of the external planter nerve, and it is to this that Dr. Morton ascribes the pain.

The treatment, according to him, should consist of rest, anodyne lotions, and perhaps local blood-letting. A narrow flannel bandage can be applied around the foot so as to give moderate support to the toes. After the subsidence of the pain the patient can be allowed to go about, but should wear a shoe with a thick, broad sole—a thin soled shoe is not to be used. The shoe should lace, and in some cases should open beyond the irritable joint. In one case no treatment was of service until the excision of the fourth metatarso-phalangeal joint. Perfect recovery with an entirely useful foot resulted.

Dr. Morton lays stress upon the fact that there should be *no lateral pressure* upon the foot. In the case seen by me, lateral pressure always gives relief after the first instant, nothing else does. Why, I don't know, unless it be upon the principle of *similia similibus curantur*—a principle I am not prepared to accept.—*Dr. Kemper in the Virginia Medical Monthly.*

Biliousness.

As far as the condition of the biliousness is concerned, the change in the color of the stools is eminently characteristic and can be referred to the absence of bile.

Next to the belief in the existence of biliousness as a distinct morbid state, is the conviction of a large portion of the medical profession in Great Britain and this country, that mercurials, particularly blue pill and calomel, are effective in removing it and restoring the normal. No point in therapeutics has been more fully discussed, and hence, it deserves careful consideration at our hands. The evidence that calomel and blue pill do not increase but diminish the secretion of bile, has already been placed before the reader. But two facts directly bearing on the question at issue, are now well-established; the stools are changed in character by mercurials; the symptoms of biliousness, or gastro-duodenal catarrh disappear under this use. If these remedies then, do not act on the liver, how explain their good effects? We believe, and have of late years

Digitized by Google

taught, that the explanation is as follows: The color and odor of the stools begin to have their usual characteristics in the lower part of the ileum and especially in the caecum. Mercury increases the activity of, and is largely eliminated by, the enormous glandular apparatus of the ileum and caecum, and to this action is to be referred the change in the color of the stools. Small doses of calomel (1-20th to ¼ grain) have a remarkably sedative effect on the gastro-intestinal mucous membrane, just as powdered calomel will allay an inflammation of the conjunctiva. Other remedies act favorably—the salines for example—and all the world knows the good effects of a rigid diet and of abstinence. Since his demonstration of the cholagogue action of euonymin, Rutherford speaks in behalf of a dose of this substance at bedtime and followed by a saline in the morning.—*Dr. Bartholow in American Journal of Medical Sciences.*

Why Does Labor Come on?

Dr. A. Geyl, of Dordrecht, in the *Archiv fuer Gynekologie*, applied the Darwinian theory to answer the question, to which so many more or less imperfect replies have been given: Why does labor come on? and, Why does it come on at the end of the ninth month? Dr. Geyl's view is this: that it depends upon an inherited tendency to expel the child as soon as it has reached the stage of development most favorable to its separate existence, and yet permitting of its passage through the pelvis. A woman with a tendency to expel the child too soon, before it was properly viable, or to retain it too long, till it was too big to transverse the pelvis, would not, of course, transmit this peculiarity to any descendant. And it is obvious that the offspring of those mothers who expelled their young at precisely the most favorable time, when the greatest degree of development compatible with safe delivery had been reached, would have a better chance of surviving than those born a little too early or too late. Dr. Geyl explains the wide differences in the duration of pregnancy by supposing that peculiarities in this direction are transmitted; *i. e.*, given a race of women with small pelves, it would be to the advantage of that race, if with the small pelvis went a tendency to the expulsion of the child before it had got very big; in the absence of that tendency the race would die out. If this were the only cause, it is plain that in the same woman pregnancy ought to always last nearly the same length of time. Dr. Geyl adduces some, but very incomplete, evidence in support of this theory. The theory, however, if true, is not an explanation. We have yet to know the mechanism by which such adaptation is affected.—*Medical and Surgical Reporter.*

Digitized by Google

A New Physical Sign of Thoracic Aneurism.

At a recent meeting of the Northumberland and Durham Medical Society, Dr. Drummond, of Newcastle, demonstrated a new physical sign which is likely to be of great diagnostic importance in thoracic Aneurism. When a patient suffering from aneurism of the thoracic aorta is made to draw a long breath (inspired deeply) and then close the mouth and expire slowly through the nose, short, puffing expiratory sounds are heard — synchronous with the systole of the heart — on auscultation of the trachea. Dr. Drummond believes this phenomenon to be due to the sudden systolic expansion of the sac expelling air from the chest. He has found it absent in cases of aortic valvular disease simulating aneurism, but has not yet thoroughly worked out the significance of the sign.—*Medical Press and Circular*, October 17, 1880.

Birth Marks.

The following good story is told of a physician of Dayton, Ohio: The Doctor was recently attending a case of labor in the family of one of his patrons, who, though a very excellent man, is a little slow in the payment of his medical bills. Immediately after the birth of the babe, the father nervously asked —"Doctor, is the baby marked?" "Yes," quietly remarked the doctor, "It is marked 'C. O. D.'"

It is needless to remark that the bill for that baby was promptly settled.—*Lancet and Clinic.*

Angel's Whispers.

The beautiful nursery conceit that the sweet smile of a slumbering infant is caused by the whisper of an angel into its ear, is destroyed by the revelations of unemotional science. Dr. Charles Bell attributes the smile to reflex muscular action due to intestinal flatus, the rotation upwards of the eyeballs, and the tremulous movement of the lips being due to a far different cause than a communication from the unseen world.—*Cincinnati Lancet and Clinic, or Michigan Medical News.*

ACCORDING to Dr. J. Marion Sims, ninety to ninety-seven per cent. of ovariotomies get well.—*Lou. Med. News.*

A distinguished operator in these parts, less than a decade ago, performed three ovariotomies in one day, in which only 33⅓ per cent. recovered.—*Southern Practitioner.*

Digitized by Google

THE PEORIA MEDICAL MONTHLY.

EDITORS:

DR. J. MURPHY, DR. J. L. HAMILTON, DR. H. STEELE.

THOS. M. McILVAINE, A. M., M. D.,

Managing Editor and Publisher,

204 South-Jefferson Street, - - - - PEORIA, ILL.

*** All exchanges, books for review, and communications must be addressed to the Managing Editor and Publisher.

*** The publication day of this journal is on or about the 5th of each month.

Editorial Department.

Physicians versus Pharmacists.

PAPER NUMBER II.

Elsewhere will be found a reply to the first paper under the above heading, printed in our September issue. In pursuance to a promise made our readers, we publish this reply unabridged. Now we propose to point out the weaknesses and fallacies of this reply, and then continue our subject, just as if nothing had happened.

In the first place our reviewer seeks to beg the question by a sort of *argumentum ad hominem*; he tries to make out that our position is narrow and partisan, while his is broad and liberal. He says the writer in the PEORIA MEDICAL MONTHLY tells us "that his interests are with the physician, and from his standpoint he will consider the question;" while on the other hand "our interests are identified with both professions, and will therefore treat it in a fair and impartial manner; neither can harmony and fellow feeling be sustained by harsh and unfriendly criticism." How magnanimous! How liberal! For the sake of argument however, we wish the gentleman had come nearer the truth and candidly confessed that his interests were entirely with the pharmacists, and that he did not care a red penny for the physician, except so far as the physician is "an important factor in his profession." We wish the reviewer had put more thunder in his paper and less "taffy," but that is not the policy of our opponents.

Digitized by Google

He says again, "I doubt whether among all this assembly of pharmacists there is one who does not fully recognize in the physician an ally, and to a certain extent, a co-laborer for the advancement of pharmacy, and as such respects him, opens to him all avenues of information to the secrets of our profession, shows him favors not usually shown to others, and in every way shows him that we consider him an important factor in our profession." In this peeps out the all-prevailing animus; medicine is but a part of pharmacy, the physician is only a factor in their profession, or as we expressed it in a previous article, they consider the physician only a traveling salesman for their drug shops. The gentleman would have us believe that the druggist loves and respects the doctor, and yet at the banquet closing the late meeting of the State Pharmaceutical Association, they thought so much of the doctor that not one *as a physician* was invited. The president of the State Medical Society, representing the majority of the reputable practitioners of the State, although a resident of this city, was not present. Lawyers were there, politicians were there, business men were there, but the doctors were conspicuous by their absence. How well do such incidents accord with the gentleman's protestations of the love and respect the pharmacist has for the physician.

Our reviewer would fain defend counter-prescribing on the ground that the physician will dispense his own remedies; he dares not, however, come out very strong on that point, and on second thought, faintly denies that there is much of it done, and claims that pharmacists discountenance the practice. How correct have been his observations, and how extended his experience on this point we leave for our readers to decide.

Regarding the sale of patent medicines he admits that physicians have some cause for complaint, but he still keeps up the denial, and says the profits are so small that it would not pay to push them. This is a minor point, however, and we shall pass it by without further comment. The next matter he touches upon is the use by physicians of every new remedy or drug or combination of drugs, put out by manufacturers, and the loss entailed upon the druggist by this practice. To this we offer no objection, as we consider the practice unwise and wrong, and will join with the pharmacists in frowning it down. Let the physician dispense his own remedies, and he will not be so apt to catch at every bait laid for him by unscrupulous or dis-

Digitized by Google

honest manufacturers; this will bring him back to simplicity in his treatment, and if there be any virtue in medicines the patient will receive it.

As regards the exhorbitant prices often charged for prescriptions, he says, competition is too strong to allow of it, and therefore prices are reasonable. Well, they may seem so to druggists, bnt patients are apt to complain when they are charged 75c for 6 grains of zinc sulphate, in 6 ozs. of water. He dismisses the serious charge of substitution of drugs by saying, that he doubts if it is ever done, except by the doctor's consent. We know this not to be the true state of affairs, and for proof that it is done refer to another place in this article. Finally he claims that taking everything into consideration, responsibility, long hours, length of time necessary to get a diploma, the druggist is the poorest paid man in any profession. As regards responsibility, our friend knows nothing of it; any physician could tell him of responsibilities and feelings of which he is entirely ignorant. As regards long hours, he has no reason to complain, for in this city it is almost absolutely impossible to get a prescription filled at night, and yet the doctor must out at all hours. The length of time necessary to complete his education is no longer than that required by the student of medicine, and besides during most of his pupilage the druggist can earn his own living. And how about pay—this question we will leave open to the readers for a verdict.

In an editorial in the September number of this journal, we pointed out, what seemed to us to be the only plan for physicians to pursue in the struggle for supremacy in the healing art, forced upon the medical profession by the pernicious customs of many druggists. It was intended as an argument in favor of a certain policy to be pursued in a matter where the necessity of a change was so widely felt as to need no proof. We felt certain that physicians would agree with us, that something must be done, and the only question remaining to be considered was, how shall it best be done? In this, our assumption was not illy founded, for the large number of letters received, commendatory of our position, proves to us that we had not misjudged the temper of the profession.

The druggists on the other hand, deny everything; denying our premises, they claim our conclusions to be baseless and false.

Digitized by Google

We thought that that ground had been sufficiently gone over in the past, and that, however they might seek to modify and explain away the charges made against them, they would not dare deny their general truthfulness. It seems that in this we were mistaken, and it is now our purpose to go back a step and give our reasons for assuming, as already sufficiently proven, the necessity of the medical profession taking immediate and determined steps to defend its rights, against the onslaughts of those who would rob it of a not inconsiderable portion of its income.

If we could believe that the remedy for the evils to be considered, does not rest with the druggists, we should not accuse them of so serious a breech of faith with physicians, and should hesitate before urging the profession to take such radical measures. We must believe, however, that the druggists can remedy these evils, but they do not desire to do so, hence our argument for every physician dispensing his own remedies.

What are the charges which physicians make against druggists, and upon what grounds are they based?

First, comes counter-prescribing. Druggists deny that this custom is general. Let us quote from some of their own journals:

"That this practice (counter-prescribing) is quite general among pharmacists, no one who knows much about the business can doubt. If it were not so we would hardly have had occasion to notice of late, a work which is avowedly published for pharmacists, the nature of which would prevent its purchase by physicians to any considerable extent, and which contains a large number of formulas, adapted to the treatment of a great variety of serious ailments, which are mentioned by name; nor would we have been likely to have read in the advertising pages of one of our distinguished pharmaceutical contemporaries * (accompanied with an editorial endorsement)—'Druggists: when treating your patients for any disorder, you will find the book advertised below invaluable,' etc." †

In another drug journal we find the following notice of the same book:

"We are informed that over 1,000 druggists have purchased copies of this work, and that the publisher has received letters from druggists all over the United States and Canadas, speaking in the most flattering terms of the useful and practical character of this work." ‡

---

* Druggists' Circular; April, 1881.
† New Remedies; May, 1881; pp. 130.
‡ Pharmacist and Chemist; October, '81; pp. 398.

Digitized by Google

Now what kind of a work is this that is so valuable to druggists? A copy of it lies before us, and we quote from the preface: "The following diagnostic and therapeutical notes, have, many of them, been condensed and collated from reports of clinical lectures and notes of hospital practice. * * * It is hoped that the notes will prove of service to the busy practitioner, for whom they are mainly intended." An advertisement of the same work is before us, headed, "Invaluable to Druggists," with an index of diseases, whose treatment is given; among them we find, Hernia, Sore Nipples, Puerperal Fever, Vaginismus, Tetanus, Bright's Disease, Cancer, Abortion, Scarlet Fever, Phthisis, Heart Disease, Syphilis, Gleet, Stricture and over "400 others." We look in vain for any notes that would be of any value to the druggist in his legitimate business, and are forced to the conclusion that if over 1,000 druggists have already bought this work, they have bought it for the purpose of using it in prescribing for patients.

But this is not conclusive, though very strong circumstantial evidence. Let us go further, and speak of that "of which we do know." Within the last six months we have had knowledge of nearly 100 cases, where, when the physician was called to attend a sick person, he was informed that they had first been to a druggist, who promised them relief, and it was only when they found themselves becoming worse under his medicine, that they had called in medical advice. Some of these cases proceeded to a fatal termination without reasonable cause being apparent, unless it was that the remedies first taken had been given without any appreciation on the part of the prescriber, as to the cause of the disease, and that they had failed to afford the relief demanded. Others had a protracted and lingering course from the same reasons; while others only needed an intelligent diagnosis, and the administration of the indicated remedy, to effect a speedy cure.

A physician asked us a short time ago, if we could suggest why it is that doctors now see so few cases of acute gonorrhœa, in proportion to the cases of gleet and stricture, and why we are so often called on to treat secondary and tertiary syphilis, while the same disease in the first stage is becoming a *rara avis*?" Cannot the physician's question be answered, by saying, what is known to be true, that druggists have almost entirely taken the treatment of the acute venereal diseases out of the physi-

Digitized by Google

cian's hands, and it is only when they fail to cure, which is very often, that they tell the patient "he had better see a doctor."

If further proof is demanded, we shall be prepared to furnish it at short notice, but we think the above will be deemed sufficient to establish our charge, viz.: that counter-prescribing is quite general, if not universal among druggists.

Whether it be wrong on the part of the druggist to prescribe or not, we think is fully settled by both physician and druggist. "We do not wish to uphold counter-prescribing by the fraternity, for as a matter of fact it is to a great extent wrong, and in no wise any part of the business to prescribe, and as a wrong should be limited to the minimum number of cases, for it does not seem possible to abolish it entirely, and probably an entire abolition might work more injury than good." *

"We believe that the great majority of reputable pharmacists would be glad to avoid giving advice, but just in proportion to the amount of competition that exists in their business are they obliged to do it, or give up their business."†

Quotations to the same effect might be made from many other pharmaceutical journals, but these suffice to show that they consider the practice wrong, although for the sake of business they think it not good policy to do what they know to be right.

The second and more serious charge made against druggists is: that the substitution of drugs for those prescribed by the physician is practiced, and it is injurious both to the health of the patient, and to the reputation of the physician. Mr. Dumbeck, in his paper printed elsewhere in this issue, denies that this is ever done except by the consent of the physician. This charge is much more serious than the first, and we are not to be understood as asserting that the custom is, by any means, as prevalent as that of counter-prescribing. We are well assured that many druggists would not stoop to such base deception. Nevertheless, we know that it is practiced to an extent which has caused widespread dissatisfaction and alarm on the part of physicians. A case of this kind was given in a previous number of this journal,‡ and others have more recently come to our knowledge. In the course of a conversation upon this subject which we recently had with a gentleman who was for many years in the

* Drug Mill, September 15, 1881.
† New Remedies, May, 1881.
‡ Peoria Medical Monthly, Vol. I, No. 2, p. 46.

Digitized by Google

drug business, he related some startling facts. As he had no reason for deception, and as we know him to be a man of unimpeachable veracity, we feel certain that what he told us is true. He said: "In the store where I was last employed, it was a standing order not to send a prescription away because we did not have the drugs called for, neither were we allowed to send out for them. Our orders were to substitute some other remedy possessing similar properties, or one which was harmless and inert. For this purpose we kept in stock a tincture and a fluid extract of grass, and both were frequently used. When an herb was called for which we did not have, we sold what was called in our shop "*haedera terrestris.*" Our citrate of magnesia contained no salt of magnesium whatever, but was made of a vegetable acid, common crystals of sodium carbonate and a flavoring extract. The reason for this was, that it could be made at a cost not to exceed five cents a bottle."

Many other facts bearing on this subject were given in the course of our conversation, but the above are sufficient to prove our point. By way of explanation we might state, that the drug store where this deception was carried on was a prominent one on one of the principal streets of Chicago.

Other cases of substitution have been contributed by many physicians, both orally and by letter, but our space forbids their use at this time. Enough has been given already to establish the point that we started out to prove, namely, that substitution of drugs other than those prescribed by the physician is done.

The third charge made against druggists is, that they are preparing and selling remedies for a large number of diseases, at a lower price than they charge for filling physicians' prescriptions, thus casting suspicion upon the honesty of the physician, as well as often doing harm to the person who buys their goods. A short time since a patient showed us a bottle, saying, "I had a cough, and went to a doctor and got a prescription; the druggist charged me 55 cents for this bottle. While there I noticed on his show-case a cough mixture of his own make, which he sold at 25 cents per bottle. Why is this?" We told him that his prescription may have called for more costly drugs than those employed by the druggist. He replied, "I have a copy of the prescription, and you can see for yourself." The prescription was almost identical with that of the druggist's mixture, and we

Digitized by Google

told him we could not give any reason for the excessive charges. And this is but one instance among many.

Go into many drug-shops and you will see on their show-cases cough mixtures, diarrhœa mixtures, catarrh mixtures, tonics, anodyne mixtures, all ready for sale, many, if not all of them, put up from physicians' prescriptions from their files, and yet sold at a far less price than they charge for putting up the same combination on a physician's order. This is a part of counter-prescribing under another name, and nothing could be devised better adapted to draw the doctor's patients to the drug store. Mr. Dumbeck allowed that physicians might have some ground for complaint about selling patent medicines, but this is a form of patent-medicine selling that works far more injury to the physician than that to which he referred.

But we have already overreached the limits set upon this article and cannot continue the subject at this time. In a future number we will give those points which are now omitted, for it is our purpose to lay before the profession, in plain language, the true state of affairs. The category of charges which may be made out against the present manner of conducting the retail drug business is a long one, and we are assured when plainly set forth will cause a good deal of hard thinking on the part of physicians.

The State Pharmaceutical Association.

The second annual meeting of the above named organization was held in this city October 18th and 19th. It was by no means an enthusiastic assembly, and most of the time was taken up in finding out where money was to come from, and the easiest way to dispose of it. Somewhere about four hundred and fifty members were in attendance, and we must say they impressed us as a very fine looking lot of well-to-do business men.

The meeting could hardly be considered a success, so far as anything was done to advance the pharmacal art. Although this was the first meeting since the passage of the pharmacy act, no one was able, or if able was found willing, to instruct the members about the workings of the new law, a subject on which most of them desired some information. Time was found for the reading of but a very few papers, and those read

Digitized by Google

could scarcely be heard twenty feet away from the stage. Some hard feeling was aroused over the election of officers, and we heard not a few say, "this thing has got into the hands of a ring, and won't last many years longer."

A little bit of history came to light in the address of Mr. Eberts, of this city. He criticized the act of 1881, for not including a clause prohibiting physicians from dispensing their own remedies. He said that a clause to that effect was the rock upon which the bill of 1871 was foundered. It got along very well in the Senate, but when it reached the Lower House, the Speaker, Hon. John C. Haines, said: "I cannot give my influence to any such bill. I have a son, who has just graduated with honors from a medical college, after years of hard study; if he cannot be considered fit to dispense those medicines which he is considered fit to prescribe, I will have nothing to do with this bill." The bill was defeated, and such a clause would defeat any bill.

The display of goods was very fine, and attracted a great deal of attention. G. Mallinckrodt & Co., of St. Louis, had a magnificent display of chemicals and manufactured goods. It was the finest of the kind that we have ever seen, and proves that the West no longer needs to send East for this class of goods.

Colburn, Birks & Co., of this city, had an elegant display of sundries, as well as lines of various goods for which they are agents. It was arranged by and under the efficient management of Mr. M. W. Schultz.

The W. S. Merrell Chemical Co., of Cincinnati, made a creditable showing of fine drugs, including their well-known German tinctures and resinoids. Mr. A. Clark in charge.

Hartwig & Ritter, of Chicago, had a full line of gelatine coated pills, made by the Phœnix Pharm. Works, of New York, for which they are Western agents. We have never seen more perfectly finished goods from any house. This firm also had an immense tube of cod-liver oil, of their own importation, which attracted much attention.

Allaire, Woodward & Co., of this city, had a neat case filled with goods of their manufacture, as well as samples of their new line of Powdered Drugs, and their well-known specialty of Pressed Herbs.

Digitized by Google

Parke, Davis & Co., of Detroit, were well represented by Mr. Roe, with a full line of their best known New Remedies and standard preparations.

John Wyeth & Bro., of Philadelphia, had a fine line of fluid extracts and other goods of their make, in charge of Mr. Ross.

Seabury & Johnson, of New York, and C. Heinmann & Co., of Chicago, had full exhibits of everything in the plaster line.

Whitall, Tatum & Co., of Philadelphia, exhibited a full line of druggists' glassware of every description.

The Burrough Bros. Mfg. Co., of Baltimore, had a fine display of medicinal extracts, Mr. Powell in charge.

Henry Thayer & Co., of Cambridgeport, Mass., had a fine display of fluid extracts and sugar coated pills, in charge of Mr. J. Harding.

Reed & Carnrick were represented by their well-known maltine preparations.

Otto Boll, of Chicago, exhibited a splendid line of the rarer alkaloids.

A number of other firms occupied space in the hall, but lack of space forbids further mention.

Allaire, Woodward & Co. gave a special invitation to the association to visit their laboratory. Much surprise was expressed by members that Peoria had a drug manufactory of such vast size.

Colburn, Birks & Co.'s leading wholesale warehouse was also visited by the association in a body, and elicited much favorable comment. While passing through the building a large retail druggist of Chicago noticed some goods which he was unable to find in that village, and immediately gave an order to this Peoria house for the goods. This speaks volumes for Peoria's advantages as a purchasing point.

The meeting closed Wednesday evening with an elegant banquet at the Peoria House, given by the wholesale druggists and jobbers of this city, to their guests. Everything was first class and the evening was enjoyably spent. Those things which we thought worthy of criticism, will be found noticed on other pages of this issue.

Do not fail to read "Special Inducements to Subscribers," on advertising page 187.

Digitized by Google

Notes and Comments.

Professor James P. White, of the University of Buffalo, died at his home, September 28.

Those intending to send us an article for the December number, will please forward them as early as possible.

Dr. J. H. Long, late of Middletown University, now occupies the chair of Organic Chemistry, in Chicago Medical College.

Dr. Theophilus Parvin, of Indianapolis, has been appointed to the chair of Obstetrics and Gynecology, in the University of Louisville, Ky.

The Philadelphia County Medical Society resolved, at the last meeting, to admit women physicians, that have regularly graduated, to membership upon equal terms with male practitioners.

Dr. T. King Ross was married October 5th, to Miss Jennie Hogan, of Chicago. The happy couple left immediately for El Paso, Texas, where the doctor has already built up a fine practice.

The Homoeopathists of Massachusetts are making an effort to have a state insane asylum placed in their hands. If the experiment, when undertaken, succeeds—*similia similibus curantur.—Lancet and Clinic.*

There has been such a large number of applicants for admission to "Oak Lawn Retreat," the well-known private asylum for insane, at Jacksonville, that Dr. McFarland has been compelled to add a new wing to the building.

The Cook County Commissioners have refused to appoint any Homoeopaths on the medical staff of Cook County Hospital. Their reason was that the Homoeopaths could not agree among themselves as to what they wanted.

The December number of this journal will appear in a full dress of new type. Although it has received much praise for the clearness and cleaness of its press-work in the past, still we will leave nothing undone to add to its appearance. The paper on which it is printed is manufactured expressly for it.

By an arrangement made with the publishers, we can supply both the *London Lancet* and this journal for one year for the extremely low price of $4.00. The *Lancet* will give you about 80 large pages, and the regular price of it alone is $4.00. By sending your name to us, you will get this journal free for the year. This applies to old as well as to new subscribers to this journal.

Digitized by Google

We have read with much interest the articles in the *Michigan Medical News*, on the conduct of some of the medical faculty of the Michigan University, in regard to "Joy's Electric devices (with scrotal attachment)," and have admired the fearless manner in which that journal has cudgeled the erring brethren. A day or two since we received a circular reply to these editorials, and we must say that so far Bro. Mulheron has the best of the fight. Not being able to fairly exonerate themselves from the charge of furthering a quackish invention, the authors of this circular make a low, *personal* attack upon the editor of the *News*, and the college with which he happens to be connected. The reply only makes the matter worse, and will cast additional odium upon the men who gave occasion for harsh criticism. Each had better cried "*peccavi!*" and let the matter rest.

We notice in several exchanges an account of an important case which will soon be brought before the courts, and the result of which will be looked for with interest. It refers to the trade mark or proprietory law. An English firm, through their American agents, have brought suit against Parke, Davis & Co., for the sale of Tonga, claiming that they have the exclusive right to the use of the word. As the word Tonga is the original Fijian name for the compound, it does not seem right that this English firm should seek to control its use and sale. Such a course would be injurious to the advance of medical science and should be frowned down by the profession. We hope Parke, Davis & Co. will gain their suit, as that would be a damper on the further abuse of the trade mark law. We shall keep our readers posted from time to time upon the progress of this suit.

At the banquet given in honor of the Illinois State Pharmaceutical Association, Mr. G. P. Englehard, of Chicago, responded to the toast: "The Pharmacal and Medical Press." In the course of his remarks he made some statements so obviously false as to excite the disgust of every druggist present. Among other things, he said that the physicians of this State fought the passage of the pharmacy act with "an animosity worthy of a better cause," and that it was in spite of their efforts that the bill was passed. This is not true, for petition after petition was sent in to the Legislature signed by physicians, asking the passage of the proposed measure. Physicians were asked to, and did, write to their Representatives in behalf of the pharmacy bill. In speaking of the pharmacal and medical press, he took occasion to laud the former and condemn the latter. The pharmacal press he characterized as progressive, liberal and enlightened; the medical press he denounced as narrow, fanatical and bigoted. The gentleman is a member of a firm that publishes both a journal for druggists and one for physicians, and we will not quarrel with him on what he said

Digitized by Google

relative to the press—for he does publish a good pharmacal journal; while his strictures on the medical press are very true so far as the medical journal of which he is the publisher is concerned, and that, we imagine, is the only one with which he has any acquaintance.

It is a fact greatly to be regretted, that the names of honorable and reputable physicians are often to be seen in connection with those whose conduct and habitual disregard of medical ethics should place them beyond the recognition of everyone. This latter class is sustained and kept before the public by such means. They are eager to have respectable men witness their operations, since, when they put their operations in the newspapers, it gives them a semblance of respectability, at least, to have been assisted by these well-known and honored physicians. No, gentlemen, they care nothing for your assistance; their only wish is to use you to advertise themselves. It is by no means a good example to set before the younger men of the profession. You can talk ethics as much as you please, but if you do not practice it, your talk will be but little heeded.

As we go to press we learn with regret of the death of Dr. J. W. Martin, of this city, in the 65th year of his age. Dr. M. was an old practitioner of this city, and was widely and favorably known for the geniality of his character and kindness of heart. Being stricken down with apoplexy while prescribing for a patient, it may emphatically be said, that he died in the harness.

The French Chamber of Deputies is about to pass a bill prohibiting the sale of patent medicines and counter-prescribing by druggists.

Some Things That May Interest You.

SUCCESSFUL TREATMENT.—Some of our most prominent physicians, among which we may name Dr. John Morris, of Baltimore, Md.; Dr. W. H. Caldwell, W. Va.; Dr. Thomas J. Owen, Virginia; Dr George E. Matthews, North Carolina, write they have successfully treated Phthisis and Bronchitis, when accompanied by indigestion, with Powell's Beef, Cod Liver Oil and Pepsin, which is a highly-palatable combination, that is unquestionably nutritious, alterative, digestive.—*Clinic.*

THE adaptable porus felt splint our readers will probably have noticed the advertisement of the Ahl Adaptable Porous Felt Splint Co., in our advertiseing pages. If they have not, we would call their especial attention to it. We have known and used this splint for years, and pronounce it emphatically not only the best splint in the market, but the only manufactured splint which a surgeon ought to use. Anyone who has once tried a set of them, and learned their manifold advantages, will not practice without them. They are, indeed, especially in their present improved form, as near the perfection of a splint as we can imagine. We strongly advise our readers to apply to the company for a descriptive illustrated pamphlet, which is sent on application, and which will inform them of the details about these, in our estimation, quite unequaled surgical splints."—*Medical and Surgical Reporter.*

Digitized by Google

THE PEORIA

MEDICAL MONTHLY.

VOL. II.——DECEMBER, 1881.——No. 8.

Original Communications.

ART. I.—The Use and Abuse of Splints in Fractures about the Elbow. By HERBER ROBARTS, M. D., Carbondale, Ill. Read before the Tri-State Medical Society, at St. Louis, Mo., October 25th, 1881.

Of all injuries that fall into the hands of physicians to treat, there is none he approaches with more misgiving than fractures. A crooked limb is an unsightly object to a sensitive surgeon, and to avoid this result requires constant vigilance on the part of the physician, assisted by the patient's co-operation. Whenever solution of continuity of a bone takes place in the human frame, whether it be in the flat, long, or short bone, there is a tendency always to deformity. The mobility of the hard mass in soft tissue, the contracting muscles that are now induced to spasm, the different attitudes the body assumes, swelling and deposit in the areolar tissue, all tend to induce deformity. And of no bone in the body is this more surely recognized, than in the humerus—the subject of this monograph.

I restrict the broad meaning of the caption of this article to fractures in the lower end of the humerus, above the joint; and not involving the synovial membrane.

Across the fossa and broad part of the arm, fractures are more frequent than in any other situation, except that portion strictly known as the shaft. Here the bone is wide,

Digitized by Google

with an unusual amount of hard tissue—calcareous matter, when compared with other parts of the bone; but it is less guarded here than in other situations, on account of muscular attachments; and concussions upon the elbow or falls upon the forearm, seems to expend force at this place, inducing the bone to give way—the cause sometimes seemingly slight.

The character of fractures under consideration do not differ from those occuring along the shaft—they may be oblique, or nearly transverse, and may extend in any direction, but usually from before upwards.

The usual cause of fractures is the result of a fall upon the elbow while bent. Sometimes it is the result of direct blows upon the arm. A case came under my notice who met with an oblique fracture, running from behind forward and upward through the bone. The patient was riding in a sleeping car, with his elbow bent, resting in the window. A thin lath, extending from a freight car passing in an opposite direction, and running at great speed, struck the forearm near the elbow, producing no injury, except the one above described. Muscular contraction can have but little influence in producing fracture, but when the bones are divided the strong muscles widely separate the fragments.

This deformity is easily recognized, and any mistake in diagnosing a fracture here is inexcusable. After the parts have become engorged with blood and serum, it may become difficult to differentiate the kind, but to confound it with dislocation or fracture of the olecranon—the latter I had the painful necessity of witnessing in one instance—is not to be tolerated in a physician.

On approaching the subject of treatment of this common deformity, I do so with no great deal of confidence. I am satisfied not enough has been written upon the subject when we consider the relative proportion of fractures and the ratio of deformed limbs.

All treatises upon the subject give warning that anchylosis is likely to result; and ununited fracture, of all the bones of the human body, is more likely to occur in the humerus,

Digitized by Google

and particularly of the lower end. This is enough to frighten the timid doctor. But I believe with judicious management these results can be greatly modified.

The instruments used for this lesion are pretty uniform; the material used follow the whim and caprice of the practitioner—such as thin wire, sole-leather, gutta-percha, tin, felt, pasteboard, plaster of paris, silicate of soda, and as many others as the material that abounds. Most writers upon the subject desire that these objects should extend from the fingers to the upper part of the arm. Liston says that they should not only be long enough to embrace the joints above and below, but in order to keep the parts at perfect rest, should extend from the upper part of the arm to the fingers. He further writes: At first a right angle splint may be used, but at every dressing (and after the first few days they should be frequent) it should be changed to a more obtuse angled, one until finally it can be brought perfectly straight. This style of extension is adopted to avoid anchylosis. In Sir Chas. Bell's Institutes of Surgery all that is said upon the subject is: The best splints are formed of moulded pasteboard. Begin early to move the joint, or you will have anchylosis. Holmes, Gross, Agnew and others of recent date, advise rectangular splints and early passive motion. About as much caution is given to avoid anchylosis resulting from fracture above the epiphysis and the epitrochlia as those implicating the condylis joint. There is a splint just now in vogue made of felt, rectangular in shape, or by the use of hot water, can be moulded as desired. They are cut by the factory and sent to physicians on application. This is one I hold in my hand—you will readily see it is a damnable instrument. It is too short at either end to avoid motion in the fragments. With this splint the patient will likely complain after the swelling has gone down, that the bandage is too loose. The physician now off his guard, will tighten up the dressing. But the patient still complains that he feels motion in the fragments, whereupon the bandage is again tightened. A few weeks elapse, and upon removing the dressings, to the great discomfort of both the patient and physician, he beholds be-

Digitized by Google

fore him an ununited fracture, or he has dropsy of the joint or rigidity of the elbow, superinduced by bad splint or improper bandage — or as I have witnessed all three of the above results combined in the same subject. The plan now pursued by the more learned practitioners is well expressed by Bro. S. Conner of Cincinnati. Extension made by grasping the humerus with one hand and the forearm with the other, will in general suffice to bring the fragments into proper apposition. To retain them so, the elbow should be fixed at right angle on a jointed wooden splint, or what is more convenient, a gutta-percha splint moulded to the part, while they are in good position, and extending along the posterior surface of the upper arm, behind the elbow and under the forearm and hand, so as to give good support to the latter. In addition to this a small straight wooden splint should be fixed in front of the arm, its lower extremity resting on a pad placed over the projecting end of the humerus and firmly strapped to the larger splint. Passive motion should be commenced in about three weeks, otherwise the elbow joint will become rigid. This I say is the plan generally adopted in practice to-day. But I believe in detail it is adhered to closely only by physicians connected with hospitals and colleges. Success can usually be attained by this means, but I hope you will see the faults in the plan. Great stress is laid on the importance of having the splint extend to the fingers that they may have support; but nothing said about support to the proximal end of the bone that is broken. And again nothing is said about support to the extensors and flexors of the phalanges. The fingers should be supported according to Conner, but how? This apparatus is modified by the country doctor, and city physician too, I guess, with the multitudinous varieties of material before mentioned, and the points in detail as to length and firmness. If the splint is soft and pliable the bandage will cause an indentation at the seat of fracture; if very stiff and hard and does not hug the bone uniformly, the roler will either bear upon the arm irregularly, or the dressing being too large, gives play for the bones within. If firm support is not given to the wrist and

Digitized by Google

hand motion cannot be avoided at the elbow; if it does not include the fingers at an easy flexion retained in that situation, a sidling and rotating motion will be inevitable by the action of the extensors and flexors of the digits; if the proximal end of the humerus is not supported to the shoulder, motion cannot be avoided in the fragments.

The roler is another evil we have to contend against. The most deplorable consequences often result from their use. It requires the greatest degree of nicety for its application, and above the elbow I believe experience will show results more successful where the roler has been abandoned altogether.

The plan of treatment seemingly the most sensible for these lesions, and the one I shall adopt unless otherwise persuaded by experience, seems to foreshadow to me a greater degree of success than has been hitherto enjoyed. We will take as a basis of explanation Stromeyer's splint used for rectifying anchylosis of the elbow. It should consist of two steel bars upon each side of the arm, (and to be united at the end by rivets). One should extend from the axilla to the internal condyle, and there jointed by rivet with a similar piece to extend to the hand; and another from the shoulder to extend condyle, and there jointed as before, and to extend to the back of the hand. To these bars of steel, strips of wood, laid together and pasted to strong leather, are firmly united at one edge and so arranged at the other that they may be drawn up and tightened at will. The anterior splint on the forearm should extend to the palm, assuming an easy curve for the fingers to rest upon while flexed. The external piece on the arm should reach the shoulder and overlap the same. Upon the anterior surface and near the listed third of each anterior splint, a screw with hand leverage, hinged at each end, should be fixed to insure extension and flexion without altering the dressing. When the humerus is broken in this situation, whether it be simple or compound, the patient should be put to bed for the first four days, the forearm flexed upon the arm and fixed midway between pronation and supination. The limb should be laid away from the body and

Digitized by Google

placed on a soft pillow, and retained in this position until swelling has reached its height and sinkage commenced. A bandage should now be applied from the fingers to the elbow, with a moderately tight roler, and extending from this point to the shoulder, with somewhat less tension. The limb should now be placed in the splint before described, well padded at right angles, with compress if found necessary, of cotton batting, over the projecting fragment. Passive motion is to be instituted at the end of two weeks by working the lever screw—the degree of extension and flexion should be to as great a degree as may be compatible with safety.

ART. II.—A Case of Tansy Poisoning. By GEO. A. STUART, M. D., Patterson, Iowa.

Some weeks ago, I was called, in consultation, to see Mrs. T., who had taken a teaspoonful of the oil of tansy, "to restore her courses," at the beginning of the third month of pregnancy. I found the patient insensible, undergoing convulsive seizures, epileptoid in character, occurring every fifteen minutes, and lasting generally from forty seconds to one minute and a half. Opisthotonos, more or less marked, was present during each spasm. The face was livid, the eyes rolled upward, and the extremities cold. Respiration was very difficult, and the pulse, when it could be felt for the muscular rigidity, was small and thready.

I suggested strychnia hypodermically, and 1-120 of a grain of the sulphate was administered by the attending physician.

After the administration of the strychnia, the convulsions did not again occur, but the respiration still remained difficult, and the pulse small.

Whisky and the muriate of ammonia, with soporific doses of opium, were used for the remainder of the twenty-four hours, at the end of which time the patient was comfortable and in a fair way to recovery. Abortion did not result.

The abortifacient properties of tansy seems to be very much overestimated by the populace, since I can not find

Digitized by Google

a single case reported, in which abortion resulted, when a toxic dose was taken. Perhaps in smaller doses it will manifest its selective influence in the uterus, while in toxic doses it spends its force on the general system.

ART. III.—Science and Art in Medicine, with a Brief Consideration of the Position Held by the Profession before the Public. BY ROBERT BOAL, M. D., Peoria, Ill. Extract from a paper read before the Dickinson Medical Club, Nov. 17th, 1881.

* * * Our profession is a science as well as an art; "Science is knowledged reduced to principles, art is knowledge reduced to practice"; the former we can cultivate here, the latter we must also possess, because it is in this relation we come in contact with the public. For the successful practice of medicine art is indispensible. A man—a woman who is sick cares very little whether the physician is a good anatomist or pathologist, whether he is scientific or otherwise; they do not want a learned disquisition on the case, their great desire is to be relieved or cured.

The history of the profession, and our everyday observation shows, that art when accompanied by an infinitesimal amount of science, is sufficient to make its possessor wealthy, respectable, and in a certain sense eminent in the public estimation. The homoeopath and electric practitioners furnish striking illustrations of this truth.

True art must always be based upon knowledge. Quackery is founded upon a given system of drug administration, there is no art in it, and the public would rather praise the power of physic, than the skill and intelligence of the doctor.

It is necessary therefore to the successful practice of medicine that we should cultivate the art of healing. In my judgment a great error committed by medical men, is in regarding disease as so many entities, and in prescribing the corresponding remedies. While I am no medical nihilist, and would not destroy faith in the curative power of medicine, nor endeavor to plant scepticism in the minds of anyone, (for I believe in the efficacy of medicines,) yet it must be confessed that we rely too much upon drugs, and

Digitized by Google

too little upon knowledge and skill. The highest art is often seen when we give no medicines; rest, diet, mental, moral and physical means, when intelligently used, will accomplish in many instances what drugs have failed to do. As an illustration, take the case of an hysterical woman. The whole list of remedies in the pharmacopœia is gone over, but her condition is not improved—her innumerable ailments continue, and are aggravated by officious attentions and injudicious sympathy on the part of her friends and relatives—valerian, assafœtida and every stinking drug known to the profession has been given without avail. Now remove her from these home influences, give her exercise in the open air, gain an influence over her, treat it as a mental and moral disease, and in most cases she is cured, or if not, greatly benefited.

It is mainly owing to the neglect of art, that druggists play the doctor and prescribe for all who apply to them. The public has been to a great extent fortified and encouraged by physicians, in the belief of the power of drugs to alleviate if not to cure all "the ills which flesh is heir to," and when they fail the profession is often ridiculed and denounced as unworthy of confidence and respect.

The whole duty, therefore, of the physician, is not fulfilled by writing prescriptions or administering medicines. This is not the basis upon which our art is founded. When, therefore, I insist that the administration of medicines is the least valuable part of our system, I must not be understood as not believing in their power and efficacy. Regarded in their true light, as a means to assist us in the treatment of disease, they occupy an important place in the practice of our profession, and so far I have faith in them—in their power and usefulness. * * *

The question has often been asked, Why the medical profession does not occupy the position before the public to which its numbers, learning and accomplishments entitle it? There is no human pursuit that demands a greater amount of intelligence, culture and physical energy than that of the physician. No object in life is grander than the one he pursues; there is no higher calling than to com-

Digitized by Google

bat disease and succor its victims; to relieve the suffering body and cheer the despondent mind. And yet, furnished as he is, intellectually, morally and physically, for the performance of these highest of human duties, how slight is the influence of the medical man on the public, and how seldom is he regarded in connection with any public enterprise, or upon any public occasion. Is a meeting called to consider any question affecting the health, morals or pecuniary interests of the community, the lawyer, the clergyman and the politician are brought forward, while the doctor is regarded as an unknown quantity. Is an almshouse, or a penal or reformatory institution to be erected, the skill and wisdom of a board of county supervisors are deemed amply competent to direct all its architectural and sanitary arrangements. Is a department to be added to an almshouse for the safe-keeping and comfort of the insane of a county, no member of a profession which has made diseases of the mind and their appropriate treatment a study, has ever been consulted as to its plan, sanitary arrangements, or their adaptability to the purpose. In the oversight and direction of our public schools, and in the erection of school buildings, the profession has been entirely overlooked. A ward politician is much more likely to become a member of the Board of Education, than the most accomplished, best educated and intelligent physician. The result is seen in buildings badly constructed, badly ventilated, imperfectly heated and badly lighted, and in the pale faces, disordered vision, catarrhal affections, and cerebral diseases of the numerous chidren exposed to these unhealthy influences. These are a few of the instances of the low estimation in which the medical profession seems to be held by the public. Others might be given were it necessary—let one more, the last, but not least, suffice,

Pharmacy has been considered the hand-maid of the medical profession. It lives and owes its being by their support and patronage, without which it could not exist, and yet at the recent meeting of the State Association in this city, but two physicians were present at the reception

Digitized by Google

tendered it, and they were not invited as members of the medical profession, but as an act of friendship to them as individuals. Three lawyers and one editor discoursed learnedly, and possibly enlightened the association upon pharmacy; while the doctors, who heretofore were supposed to be interested in, and know something of, the subject, were notably absent.

In reply to the question, Why the medical profession does not occupy a more prominent position before the public?—it may be answered, that they are brought, from the very nature of their calling, more in contact with families and individuals than with the public. The clergyman in the pulpit is a prominent figure before his congregation. His utterances are listened to with respect, often with awe, and almost always with undoubted faith. His influence is more or less felt by his parishioners and the public, and it is often unbounded. The lawyer, when at the bar, eloquently defends the rights of the widow and orphan, or pleads for a life put in jeopardy, or when in a public assembly, by the power of his words, he sways the passions of the multitude for weal or woe, and causes the popular heart to beat as that of one man, is the observed of all observers, and oftentimes the idol of the public; while the heroism, self-denial and unselfish lives of the modest and unobtrusive doctor are seldom known or appreciated beyond the family circle or immediate neighborhood of the objects of his cure.

Another reason for the scant recognition which the medical profession receives from the public, lies in the fact that medical men, as a general thing, are too modest and retiring. They do not assert themselves or their profession as they might and ought to do. Upon all questions which interest the public, whether directly connected with the profession or not, they should make themselves heard. There is no good reason why they should not influence the community to an equal degree with the clerical and legal professions. If, instead of confining themselves to their daily rounds among their patients, or setting down in their offices, and in a measure secluding themselves from any

Digitized by Google

participation in public affairs, they asserted their rights to be heard, they would exercise a greater influence on the community and secure for themselves and the profession they represent, the respect and recognition to which they are entitled.

* * * * * * * *

ART. IV.—Venesection in Bright's Disease, with Dilatation of the Heart. By EMIL BRENDEL, M. D., Cedar Rapids, Iowa.

Thomas Murray, age 65, weight about 250 ℔, had been in distilling and brewing business about 15 years, sick about two months before he came under my hands on the 9th of June last.

The symptoms presenting were: œdema of the limbs, ascites, pericardial and pulmonary effusion, with dyspnœa, paroxysmal apnœa in recumbent position. Heart's action irregular, powerful, sounds modified by the effusion, a distinct murmur between the two sounds, hypertrophic dilatation eccentric.

The examination of the high colored, scanty urine gave traces of albumen and a few epithelial and hyaline casts. The jugular vein full, feebly pulsating. The prescription was liquor ammonia acet., with acet. scilla and spts. nitr. dul.

June 12. No change; prescribed aloes and jalap; digitalis and scilla.

June 14. Casts and albumen disappeared from the urine; dispnœa less; continued digitalis and scilla.

August 1. Ascites, lower extremities very œdematous, urine more copious than before; treatment as before.

August 10. Considerable congestion of the brain, vertigo, livid lips, pulsating jugular, dropsical symptoms reduced, except the œdema of the legs, which are still very large; prescribed tincture digitalis and scillæ, in 20 drop doses, twice a day, and in the morning 2 drachms sodæ and potassæ tart.

August 15. Urine with traces of albumen, no casts, dropsical symptoms not changed, dyspnœa merely shortness of breath, heart's action as irregular as ever, though no murmur; treatment continued.

Digitized by Google

August 20. (Temperature of air at 2 o'clock 90 deg. Fahr.) Hands and feet cold, face livid, vertigo. Examined the blood by a small opening in the vein, and found it of a dark brown color, suddenly coagulating, so that it collected in pill-shaped patches where it fell into the basin. I decided to draw about 20 ounces, in a small stream. When I removed the bandage from the arm, the blood did not stop flowing till I applied friction. I concluded that my patient was in danger of thrombosis, as the hands, which were disagreeably cold one quarter of an hour before, were then warm, and that I had to repeat venesection, if symptoms of the same import should present themselves.

Now, if my diagnosis was correct, and Bright's parenchymatous nephritis, with an hypertrophical dilatation of the heart, contra-indicates venesections for fear of causing anæmia, in this case there was no cause to be afraid of anæmia.

August 21. No vertigo; œdema much reduced, heart's action more regular than the use of digitalis ever effected. Digitalis and scilla, however, was continued.

August 26. Again venesection, 25 ozs., which was repeated a third time on the 24th of September, with occasional use of sodæ and potassæ tart. and digitalis,

My patient is now in a fair condition, having visited some of his friends, 20 miles from here. The heart beats regular, œdema hardly perceptible. To vindicate my treatment, I may say that, as I found the blood not hydræmic, and suspected capillary infarction, which in my estimation may prevent the absorption of an existing effusion, and may even cause such an effusion, and that, together with the lividness and the cerebral symptoms, I was determined to go against the rule and treat in the wrong way.

The case seems to me sufficiently peculiar to be reported, and may induce some of my medical friends to give their opinion.

ART. V.—Typho-Malarial Fever. By H. L. COKENOWER, M. D., Clarinda, Page County, Iowa.

By common consent, the term typho-malarial has been restricted to a certain type of disease closely allied to

Digitized by Google

typhoid fever, in real, pernicious remittent fever, etc. It is tacitly admitted by good authority, that the prime cause of the disease is malaria, or bad air. But just how the air is made bad, there are diversities of opinions. Some say that the materies morbi of this class of diseases are the spores of certain low forms of microscopic vegetation. While this may be true, the most that can be said of it is—not proved. Other observers assert that marsh gas is the cause of this class of diseases, and their experience, to them, has been very satisfactory; and in my judgment there is an overwhelming mass of evidence in favor that it is the result of the decomposition of vegetable matter. Yet certain conditions are absolutely necessary to its production. A certain degree of heat, and a certain amount of moisture, are requisite, and these must occur under certain conditions; and it is possible that other factors may be necessary, which I am not prepared at present to describe, and that the absence of any of these breaks the chain necessary to the production of this result.

A wet, hot June is usually followed by an abundant production of malaria. But let this be succeeded by very dry weather, long continued, and it seems that it destroys to a very considerable extent, the tendency to this class of diseases. But let a wet June be followed by what may be termed a seasonable summer, and this class of diseases follows in abundance.

Whatever the cause may be, it is probable that it gains access to the system mainly through the lungs. Of the incubative stage I know but little. This seems to vary under different circumstances. Persons who have been raised in districts where malaria abounds, are not so liable to be attacked as those coming into such districts, from such localities where it does not prevail. My most obstinate cases are found among the latter class of persons.

What I have said in the beginning of this article has been mainly in reference to the malarial portions of the disease. In reference to the typhoid part, I deem it not necessary to write elaborately, as I would occupy too much space and weary your busy readers. Typhoid, by most

Digitized by Google

writers, I believe, is conceded to be mainly a blood disorder. While, as I have said before, that malaria acts upon the nervous system almost entirely, the first perceivable effect of malaria upon the system is the well-known chill, followed by cephalalgia and fever.

The prime differential diagnostic symptoms of the two fevers, consists in the well-known prodroma, or forerunning symptoms, of typhoid, which typho-malaria is entirely devoid of. In the latter disease the patient may be feeling unusually well, only a few hours prior to the invasion of the disease; which is not the case, as a rule, in typhoid fever. It is the typho-malarial fever that we have the most to do with in this section. We seldom, or almost never, have a well-defined case of typhoid.

In reference to my treatment of this class of malarial diseases, it consists in salines, acids, and anti-malarial remedies. If called early in the stage of the disease, I usually prescribe a saline cathartic, and in the course of a few hours commence with a solution of potas. chlorate and muriatic acid, in water, alternately with fluid extract eucalyp. glob., in 30 drop doses, every four hours.

Soon as the tongue begins to clean, and becomes moist, I discontinue the eucalyptus glob., and use sulph. of quinia in its stead; but never giving it on a *dry* or *brown* coated tongue, for in my experience, in such conditions it does no good.

For the headache that usually accompanies the disease, I apply hot water to the forehead.

Correspondence.

Physicians and Druggists.

Editor Peoria Medical Monthly:

I have read with great interest your editorials on the subject of the relations of physicians and druggists. It is not only a feeling, but it is a conviction, consciousness, and ogical conclusion that the physician's interest suffers by his neglect to dispense his own medicines, instead of writ-

Digitized by Google

ing those little notes to the druggist which are called prescriptions. The physician, when he writes a prescription, to use a current, but not highly aesthetic phrase, "gives himself away"—to the druggist, the patient, and as much of the public as they both can reach. The question: to whom do these prescriptions belong? has long been a subject of discussion, and it would puzzle a *petit* jury to decide it. The physician gives it away and yet makes futile efforts to claim it, to prevent its diffusion, repetition and abuse. The druggist claims it on the ground that it is simply a note to him, while the patient rests his claim upon the fact that he has bought and paid for it, or at least promised to. It is evident that when a physician writes a prescription he exceeds his duty and abuses his immunities and privileges, and must expect, for such is the condition of ethical human nature, that the patient will have the prescription refilled for himself and friends as he pleases, that the druggist will prescribe it as he pleases as a remedy "good for" piles, cough, cholera, diarrhœa, or what not.

The patient, when he pays, is entitled to the physician's opinion of his case, and his advice; but he is not entitled to a prescription in the form of a note to a druggist, upon which he and the druggist entitle themselves capable of judging that the next patient who has a cough, colic, piles, or diarrhœa, has a similar disease to that of the man for whom the prescription was written, and that they are competent, scientifically and ethically, to administer to him the same prescription. The man of shoddy who wrote to the principal of the academy to buy his daughter a mental "capacity," probably met with as great difficulties as do the druggist and patient who purchase their medical skill in this manner.

It is taught by writers on ethics that evil and ignorance must have results when they are active, and that it is useless to interfere between them and their legitimate consequences; but there is a question here in general ethics for the prescribing physician to consider. If he finds that writing prescriptions leads in the way detailed to evil, through ignorance of those to whom he gives away

Digitized by Google

his prescription, is it not the physician's duty, in an ethical sense, to prevent these evils to society, while he contributes to his own interest by dispensing his own drugs, and withholding these little notes to the druggist?

A man's legitimate self interest always has harmonious relations with general ethics. This rule will apply to prescription writing. In nine cases out of ten the physician obtains a new patient, as the result of a consultation the new case has had with an old patient who has been "cured" of a disease which he believes was more or less like that of his friend's, and an inquiry will generally develop the fact that the medicine—prescription—which benefited the first case has been tried by the new patient before he presents himself to the physician. There are very few people, who, when selecting a physician, ever ask to know if he is an educated man or a student, nor do his patients recommend him on that account. Laying aside the political, society, and church influences, and the delusions which attach in the public mind to the various and numerically increasing "pathys," the recommendation of a physician by his patient is limited to the statement that such a doctor cured him of a complaint, which he thinks is similar to the one which afflicts his friend. Nothing can be clearer than is the fact that the good of general ethics, and the interest of the physician depends upon the fact whether the patient has a prescription in this case to give his friend.

Writers of books on natural history, of the Sunday-school variety, have recorded instances where very benevolent gentlemen have cured the lameness of a dog by kindness, and liniments, and surgical appliances, and have been surprised by the return of the dog with another one, which had a similar lameness; embellishing the story with many fine sentiments relating to kindness to God's creatures, and animal sagacity. It is in order now for these writers to entertain our children with stories of canine sagacity in attempts to treat their own broken legs, and make their own liniments in their own drug stores, from copies of prescriptions written by benevolent gentlemen.

Digitized by Google

Making medical laws to protect the physician in his rights, and to protect the public from prescribing druggists, and from the army of medical pretenders with many banners, will never prevent the evils which attach to them, while physicians write prescriptions and the public are ignorant—so densely ignorant of the biological sciences.

Under the present order of things druggists will never cease counter-prescribing, and no law will prevent the public from employing quacks, nor will any physician ever be employed by a patient for any other reason than because a similar case has received benefit, until the physicians stop writing prescriptions, and the public is educated to "know enough to know" that it is science which makes a physician, and can appreciate the difference between medical science and medical pretense, whether the latter be found in a drug store, or marching with drum and horn under the variegated flags of the "pathy"-quack.

The *Synthetic Philosophy* teaches that all things which exist or have existed—the origin and growth of plants, of geological formations, of life, society, science, of the mind and religion, and ethics, of labor, trade, and profession are all subject to the general laws of growth, from the simple to the complex, and that this is brought about by the process of differentiation. The growth of the science and art of medicine fully illustrates this law. The ancient physician gathered his own plants, made his own medicines, and in practice gave "special attention" to diseases of every name and nature, wherever their location might be. In time medicine differentiated into medical practice and surgical practice, with their respective sciences. Surgery has undergone some differentiations; but specialism has in medical practice differentiated the making of medicines, the proper work of the pharmacist; and we have further specialties relating to the nervous system, the mind, the eye, ear, throat, chest, skin, urinary organs, sexual organs, females, children, and last, but probably not least, the rectum. The druggist is not a differentiation of medical science and practice—like the quack, he is simply an interloper. I defy any man to show, by any law, how dealers

Digitized by Google

in drugs and surgical instruments, and quacks, are a differentiation from, or of medical and surgical science and practice. The relation of these "dealers" is simply a business relation, and the relation of the quack is simply one of pretense. Who would ever suggest the propriety of making a law to compel the surgeon or physician to be an educated man? Medical laws are made on account of the existence of quacks. Who thinks a law compelling the chemical education of the maker of medicine to be necessary? A pharmaceutical law would be unnecessary were it not for the existence of druggists.

It is the business, or profession of the pharmacists, or maker of drugs, to prepare medicine—to make the chemical compounds, and the physiological compounds, which are determined by physiological experiment to be useful in disease. If morphine and atropia, combined, are found to be useful, the maker of drugs must devise a method of combining them for use in a preparation, which shall not only be efficient physiologically, but pleasing to the eye, and which should tickle the palate. If druggists and other pretenders in medicine are to be subject to any law, it should be a law compelling them to take the regular course of medical instruction. They are no more required to manufacture drugs than to practice medicine. They do not manufacture drugs and they do practice medicine, which makes a pharmaceutical education to them entirely useless, except as an ornamental accomplishment. A certificate from the State Board of Health dignifies a quack, and, in Illinois, dignifies far too many of them; but it is of no use or credit to the educated physician. The diploma of a pharmaceutical college is of no use to the chemist who manufactures drugs, but it probably adds dignity to the drug trade—and to the man who gets the margin on the drugs, for which the physician very foolishly writes prescriptions.

It is to the interest of the physician that he should buy his drugs of the maker, and that he should have them made to order. "Shot-gun" prescriptions are going out of date; "pathological conditions and therapeutical indica-

Digitized by Google

tions" are now fulfilled without such a long list of drugs in one prescription—nauseous, disgusting, and, too often, equally unscientific. The physician and maker of drugs are working on converging lines, and approaching each other as physiological and chemical science develops. In time the maker of drugs will have an "elegant preparation," for every known pathological indication, and, in fact, there is nothing now to hinder this method of the preparation of medicines, if physicians would avail themselves of what is known on the subject. The same pathological conditions and indications exist in such a variety of diseases, that the prescription method of compounding "bad medicine" by druggists is as useless as it is disadvantageous to physician and patient. In pharmacy the elimination of the alkaloids of drugs, allowing them to be put up in small bulk and tasteless forms, and the elixir preparations of extracts and soluble salts, single and in combination, entirely does away with any necessity for pill-making by druggists, and mixing together extracts, and solutions by prescription. Next to the proper physiological and pathological adjustment of his medicine, it is of interest to the physician that his preparations should be tasteless. The signs of the times indicate that when the physician and pharmacist approach near enough together along the paths of science and art, that the druggist—the dealer in drugs—must be squeezed out; and his drug margin must be given up. A "middle-man" in this position has no real relation to either drug-maker or doctor, except that of business, and is a larger expense than can be afforded, to say nothing of the direct injury the dealer does to the physician by receiving and using his little notes.

The maker of drugs is not the man who can give no knowledge regarding the physiological action of drugs, though he may invent a "new remedy" every day. The physiological experimenter is another differentiation from medical science and art, and to him belongs the investigation of the physiological action of drugs. He should make the original experiments, and his deductions must be verified by the practitioner at the bedside.

Digitized by Google

But the prescribing physician's interest suffers also from the class of irregulars who dispense their own medicines. This is notably the case with the homœopaths. It is difficult to define homœopathy—either the ancient or modern. When the people believed in entities, the founder of this "pathy" filled his physiology and pathology with little ghosts, and his patients with *infinitesimal* sugars to nectarize the wrath of these originators of diseases. Hahnemann's pathology was essentially a spiritual one. The modern homœopath is often a hybrid of "both schools," who in one school was less successful than in both. This later fruit, it may safely be said, recognizes something more in disease than a semeiological ghost, and his "potencies" are generally purchased at druggist rates from the standard pharmacists, and are his much sweetened and less bulky preparations—elegant to look at, tasteless, and without doubt as efficient as the full dose can make them. Modern homœopathy pleases the public by talking "both ways;" by giving tasteless medicines, and by not writing prescriptions. Modern homœopathy is a very lively person, of child-like size, dressed in the garb of a mummy, and lying in the arms of the modern pharmacist, with a sugar teat in his mouth. From the fact that when the public were superstitious, homœopathy pandered to their superstition, and when the public began to appreciate to some extent medical science, and to a great extent their cash, homœopathy met their prejudices by adapting itself to the change in public sentiment, and professed to treat diseases by the "old" and "new methods," as preferred, and furnished the best productions of the pharmacist's art without writing prescriptions. From these facts I conclude the definition of homœopathy to be: A "pathy" which trims its arts to suit the public mind. Nothing can be clearer to the physician, from these facts regarding the druggist, and the homœopath, that it is to his interest to dispense his own medicine.

The menace of the drug trade toward the medical profession is a formidable one, and in meeting it difficulties may certainly be expected. The maker of medicine will

Digitized by Google

not give "trade rates" to the physician who buys drugs. Perhaps this feature of the drug trade may be changed. It may become interesting to the pharmacist to sell to physicians for the same price that he does to druggists.

Another element giving formidible proportions to the drug trade, would be the pharmacy law, were it not true that the druggists evidently made a mistake and enacted the wrong law. They should be subject to the medical law, even more than they are; but this leads me to speak of the abuses of the medical law. Prescribing druggists, who have followed the business over ten years in the State, are in possession of one of those certificates from the State Board of Health, are to take the place of the medical diploma. The medical law is designed to bring to the same level, the physician, the druggist, and the medical pretender, as it is interpreted and perverted by the Board. Instances are quite plentiful in which a druggist, having a certificate by virtue of ten years of counter-prescribing, has adopted a "student" as a business partner, by advice of the Board, in interpretation of that clause of the medical law which reads: "None of these provisions or strictures shall apply to students who prescribe in the office of their preceptor." In these cases the "student," thus established in perennial relationship to this preceptor (?), is a notorious quack, as a general rule.

When physicians become "smart" enough to dispense their own medicines, they will doubtless make the discovery that a medical law, designed to control medical practice and education, and to discourage the quack, cannot very well be enacted or carried out in a country where every shade of medical opinion must have a voice in the formation of the law, and every shade of politico-medical opinion is entitled to appear on the administrative board, by political appointment, and not by professional merit.

ROMAINE J. CURTISS, M. D.

Joliet, Illinois.

IN over 1,350 cases of smallpox in Chicago since January 1st, the mortality has averaged 40 per cent. Somebody has been guilty of gross neglect.

Digitized by Google

Book Notices.

A Manual of Ophthalmic Practice. By HENRY S. SCHELL, M. D., Surgeon to Will's Eye Hospital, and Ophthalmic and Aural Surgeon to the Children's Hospital. With fifty-three illustrations. Philadelphia: D. G. Brinton, 115 South Seventh Street; 1881. Cloth; 264 pages.

As stated in the preface, the object of the author has been, "to state briefly the generally accepted principles of ophthalmology, and to discribe these methods of treatment upon which he has been accustomed to rely, from personal experience of their value."

As a text book for students and a handy volume for speedy reference, by the general practitioner, we do not believe this work has been excelled by any which has been brought to our notice. It is impossible for the medical student while attending lectures, to master the ponderous volumes of Stellwag and Wells, neither should he rely entirely upon lectures and the "vest pocket" editions which are prepared especially for his use. For the use of the student we consider this work admirably well adapted. On the other hand the general practitioner relies too much upon the specialist in his vicinity, and thereby oftentimes does his patient, himself, and the specialist an injustice. He need not be thoroughly versed in the subject of ophthalmology, its theories, and especially its vocabulary, to treat many of the simpler forms of ophthalmic disease, yet he should keep himself sufficiently well posted to diagnose immediately those severe cases where the delay of a few days is dangerous to his patient's sight—if not his life, and if he does not feel able to take the responsibility of treatment, send them to the opthalmist at once. The simpler forms of disease he should be able to treat equally well with the specialist. But the massive volumes and difficult vocabulary of the "specialty" has scared too many from paying any attention to the subject. We believe a volume like the one before us, will do much, if read, to right this. The arrangement is plain and simple; theory finds no place in its pages, and the language is singularly free from the technicalities which are as a bugaboo to most physicians in general practice. The size of the work is much in its favor, and we believe that every one who is induced to purchase the book will agree with us in everything we have said in its favor. The paper and press work is excellent and the book is in every respect neat and attractive.

Digitized by Google

The Physicians' Hand-Book for 1882. By W. ELMER, M. D., and A. D. ELMER, M. D. New York: W. A. Townsend, Publisher. pp 314; Morocco Cover with Flap.

This is probably the most pretentious book of the kind that is published for the use of physicians. It contains almost too much. The first 51 pages are occupied with a special classification of diseases—symptoms, pathology, complications sequelae, and differential diagnosis, with a reference under each disease to the appropriate remedy (given under the heading of list of remedial agents, and which occupies over 40 pages). This we consider the least valuable part of the book, for it will have a tendency to make men rely too much upon their hand-book, and not enough on their memory. The subjects of emergencies and their treatment, poisons, and incompatibles are full and reliable.

The "record of practice" has space for 35 patients weekly, with diagnostic record, obstetric record, etc., etc. The book is neatly printed and bound, and is worthy the extensive sale it has had for years past.

The Physicians' Clinical Record, for Hospital or Private Practice. With Memoranda for Examining Patients, Temperature Charts, etc. Philadelphia: D. G. Brinton; 1881. Cloth.

This is a handy and useful little book, and one that should be more frequently in use than it is. Physicians who wait till they get home before making a record of their cases, are apt to forget it entirely, or do it imperfectly. Every physician should keep a record of all cases of importance, both in justice to himself and his profession, and we know of no better book in which to keep the necessary data, than the one before us. It needs but to be seen to be appreciated.

Prices Current for 1881-82. Published Annually by COLBURN, BIRKS & Co., Wholesale Druggists, Peoria, Ill. Vol. V: in Boards. pp. 840.

Without fear of contradiction we may safely pronounce this book the perfection of price lists. The previous volumes presented to the drug trade were so far ahead of anything of the kind that had before appeared, that they at once gave this firm a reputation and standing for liberality and enterprise second to none in the country. Of course they had many pretentious imitators, and this year they determined to spare no labor or expense in getting up a work that would be unrivaled. This they have succeeded in doing, and it will be years before any other firm can surpass it. A new system of page indexing has

Digitized by Google

been introduced, which renders the usual index superfluous, although that too is given. With this book the druggist can turn immediately to every article belonging to the drug trade. The index is an unique feature and will be appreciated by every possessor of the book. Franks & Sons, of this city, deserve great praise for the beautiful typography and binding. Their work cannot be excelled by that of any firm in the country. To Mr. M. W. Schultz belongs the credit of having planned and carried to successful termination the spirit and idea of the firm. We write thus fully of the book because we are proud of it as the product of a Peoria business firm, and proves that in enterprise and taste our business men cannot be excelled.

Periscope.

The London Medical Man.

MESSRS. EDITORS: In these pages I will endeavor to describe to you, so far as lieth within me, the London Medical Man in all his stages, from all his aspects. I will touch especially on his education—preliminary and medical—his earlier years of practice, the divisions of practice, his finances, his way of doing business, his manner of living, discouragements, enjoyments and social position. I speak from five months residence in London, in daily contact with the London medical man and his work in the hospitals, schools of medicine, and private practice, and his social world. Also, from having interviewed men in the various divisions of the practice, and the various stages of life; also those who look on and see from an impartial and unbiassed standpoint. * * * *

Just here may be given the two great divisions and the four subdivisions of those who in the United States would come under the title of doctor. First are the physician and surgeon. Then the general practitioner of medicine, the consulting physician, the general practitioner of surgery, and the consulting surgeon. These four divisions are quite definite.

The general practitioner of medicine generally does not have a literary degree, but passes his matriculation examination at the Royal College of Surgeons, Royal College of Physicians, Apothecaries Hall, one of the Universities, or at the Hospital Medical School at which he enters, or at one of the numerous other places. As an example of

Digitized by Google

their nature I will quote the requirements of the matriculation of the Royal College of Surgeons: a certificate of having been registered by the General Medical Council; writing from dictation; English grammar; writing a short English composition; arithmetic, geography, English history, mathematics; algebra, through simple equations; Euclid, books I and II; translations from Cæsar de Bello Gallico. These are compulsory, besides which are a number of optional subjects. His studies are only recognized from the time of his registration. He may have studied any length of time before his name is placed on that public register, but it is no good as to time. He then either goes to some recognized provincial hospital for eighteen months, or goes as the pupil of some legally qualified and registered practitioner for the same length of time. Said practitioner must be connected with a hospital, dispensary, or hold a poor-law appointment, so as to be enabled to give his pupil instruction. Not more than eighteen months of such study as the above is recognized by any of the licensing bodies. Such study is becoming more infrequent and unpopular, the student generally going immediately into his hospital medical school. It is strongly recommended that the pupil pass his preliminary examination before endeavoring to do anything at medicine, so as not to have too many irons in the fire. At least two and one-half years of the four years required must be spent at a medical hospital school, including three winter and two summer sessions, the former six months and the latter three months each. Thus the English *annus medicus* equals nine months. A hospital, to be recognized by the licensing bodies, must have 150 beds. All of the first and a greater part of the second year, he spends with the bones, the anatomy, in the physiological laboratory and dissecting room, practical pharmacy, lectures on materia medica and botany, peeping occasionally into the wards and out-patients' rooms, and of course being a regular attendant on the "capital operations," and prepares for "the first college exam." This passed he enters regularly into the study of medicine. He clerks, or, as the English say "clarks," with the *a* as broad as you can make it. This he may do in either the wards, out-patients, or special departments. It consists in examining the patients, taking notes or histories, and generally assisting the physician in charge and endeavoring to answer all the questions put to him by said physician. This he must do for six months. He hears lectures higher in the scale, including medicine, surgery, midwifery and gynæcology, instruction and proficiency in vaccination,

Digitized by Google

pathological anatomy, forensic medicine, and does post-mortem work. Having completed four years study under the above regulations, he is permitted to come up for his pass examination. A large per cent. fail the first time and are remanded for three or six months. There are nineteen licensing bodies in Great Britain, and he has his choice. None of the applicants for license are allowed to be examined by their own teachers. A majority do not get into practice for five years. The general practitioner after receiving his license generally settles down to business in some modest house in a modest street, and takes unto himself, probably a modest wife. He usually takes the license of the Royal College of Physicians, or the license of the Society of Apothecaries, with probably a surgical degree. During the first two or three years after this he takes the M. D. degree, from Oxford, Cambridge, London, Durham or some other of the universities. * * * *

The general practitioner of surgery and the consultant in surgery, differ from their brothers, the physicians, in their education only, as you can easily imagine. They pay more attention to surgery than to medicine, though they generally take a medical degree. The consultant, especially, is very jealous of his title of "Mister." If you wish to see his indignation rise just call him "Doctor." Consulting surgeons are Fellows of the Royal College of Surgeons. Throughout the lectures each man's presence or absence at each lecture is registered, and if he does not attend a good portion his papers are not signed, unless the student can, by a few judiciously placed pennies, bribe the man who keeps this register. Class "Exams" and "Grinds" are held with regularity. As to fees, the perpetual ticket, entitling the holder to all the hospital practice and medical school work throughout, in one of the best hospitals in London, is 132 guineas ($670.56). This even does not entitle him to his degree, but he must pay, for the license of the Society of Apothecaries, $30; for the license of the Royal College of Physicians, $76; for the membership of the Royal College of Surgeons, $107; and on failing to pass, a portion only of the fees are returned. The high fees are somewhat offset by large scholarships. * *

Having the men now educated, we will start them into practice. The general practitioner of either medicine or surgery generally starts in pretty readily. He rents a house at $250, $1,200 or $2,000 a year, and commences. Rather oftener than otherwise, he is in partnership with one or two others, and the firm, if a good one, will make $10,000 to $30,000, less cost of medicine; one man alone,

Digitized by Google

making the half or the third of this amount. His hours are rather irregular, being liable to be called at any time, but if alone he tries to keep some hours. If in a firm, some one is generally at home. He does, as a rule, his own book-keeping, and sends his bills out by mail quarterly or semi-annually. His fees range from 62½ cents to $2.50, with a preponderance towards the former.

* * The surgeon generally works in sooner than the physician, for people would as willingly, perhaps more so, see a young man with good nerves coming at them, knife in hand, as an old, gray-headed man with glasses, and hands like an aspen leaf. The old surgeon often throws away the knife, and only gives opinions. A consultant always charges a guinea fee,—"a guinea or nothing." A few of the leaders, in order to "weed" a large practice, charge two guineas, and it has the desired effect. The consultant's fee is cash. He is called in, his opinion given, and the guinea taken. Such is the custom, and it is rarely broken. He keeps no books, collects no fees, writes no duns. The consulting physician is bound by his diploma not to go into court for fees. Upon doing so he relinquishes his diploma, also his standing; hence, he never does it. Of this the laity, of course, are not generally aware. * * A general practitioner of either medicine or surgery rarely grows into a consultant. In the occasions in which he does, he is expected to, as it were, wean himself from general practice by a season of total abstinence, as to practice, for two or three years. * * The evening he spends in his study, or as seemeth to him best. In his money-making days, the consultant makes an average annual income of probably $6,000 to $15,000, with the leaders, who can be enumerated digitally, making $25,000 to $60,000 per annum. If called out of town he charges at the rate of $3.39 per mile—no more, no less. A few of the operating fees are these: calotomy, amputation of hand or arm, $125 each; amputation leg, $250; lithotomy, $250. The universal shingle is a brass door plate, which is large proportionately to the want of knowledge on the part of the practitioner. Some men embark in dispensaries. Charitable dispensaries are generally considered honorable. Paying dispensaries are frequently a little crooked. Fees are low. For instance, the window will contain the following list of prices:

Advice with medicine	$ .25
Visits	.25
Visits for one week daily	1.00
Midwifery, with attendance, one week . . .	1.25

* * * * * * *

Digitized by Google

In judging of their social status, one has carefully to bear in mind the peculiar forms of English society. Here men are classed after the most arbitrary fashion. One holds his social position not so much with reference to his merit and attainments as by certain accidents and adventitious relationships. Birth, kinship, wealth, title, station, even locality, chance surroundings do, as an American must think, decide most preposterously the social status of an individual. It is extremely difficult to fully understand this, unless one has resided in this country and closely studied its peculiar social conditions. The members of the medical profession form no exception to this idea—that all men are *not* born free and equal. A London medical friend recently stated to me that the physicians and surgeons in a certain portion of London, a large portion, are considered "pariahs, snobs, cads, kicked and cuffed by every one." A sad picture, drawn by no amateur hand in these few words. And yet there are men practicing in that area whose attainments, worth and refinement of character are such as to entitle them to the very highest social position in any country where society is not outlined by such whimsical distinctions as rule here. * * * Their compensation shows them to be held in low estimation by their fellow men. A gentleman of good practice in London, living at an expense of $5,000 per annum, will often furnish advice and medicine for 25 to 35 cents. Scores of highly competent medical men in London are struggling and will continue to struggle for years, scarcely able to keep the wolf from the door. It is simply impossible that a man in this condition should occupy a high social position. He could scarcely be considered other than a "pariah from society," which society makes a god of wealth, and bows with obsequious adoration before its idols of gold and silver. Sometimes the long lane turns, if health and pluck endure. One of the most eminent men now in London scarcely earned his salt until he had passed his fortieth year. The case is different now. He is one of those who "weeds" his practice. A proper appreciation of the services of a doctor seems to be absent. The other day a "gentleman,"—the word is used in its most flexible sense—drove up to a surgeon's door with liveried driver and lackey, entered the office with a flourish, and presented an injured joint to be examined. This was done, and advice given, when this apparent gentleman threw five shillings ($1.25) on the table. "Pardon me, sir," said the surgeon, "you have made a mistake. My fee is one guinea," ($5.00). "Oh," he replied, "I never give a doctor more than that." "Well,"

Digitized by Google

said the surgeon, "then I shall be compelled not to receive anything." "Just as you please," was the reply, and scraping up the five shillings he coolly walked out. The surgeon had no alternative, and he got nothing.—*Edward S. McKee, M. D., in Chicago Medical Journal and Examiner, Oct., 1881.*

Lumbago and Other Painful Local Affections Treated by Suction.

I wish to add a little rivulet to the great sea of Therapeutics. It is small but not unimportant as, I hope, others may be pleased to demonstrate to their entire satisfaction.

With the abandonment of the lancet, cupping and leeching have also fallen into disuse; the pendulum has swung to the other extreme. This is, no doubt, owing partly to the inconvenience attending their application. It is repugnant to physician and patient to be compelled to employ a barber, especially in treating women of refinement. By the expedient here suggested the dilemma may, in a measure, be obviated. The great pleasure I have had in the use of a simple means of cupping induces me to present this addition to our resources.

For two years I have employed the Uterine Pump (see Thomas's Dis. of Women, 1872, p. 605) a tube of hard rubber six inches long and three-fourths of one inch in diameter, with a tightly fitting piston provided with a set screw, which I have added. I have used it for lumbago, acute and chronic, intercostal neuralgia, pleurodynia, chronic pleuritic pains, myalgia, local congestions of lungs, ovaries, etc., torticollis and analogous difficulties for which we have, in most cases, no efficient or speedy relief. It is the counter part of the hypodermic syringe. Liniments, blisters and electricity generally fail and we or our patients do not consider the cases important enough for dry or wet cupping or leeching with the barber thrown in. My mode of using the instrument is to place it over the seat of pain, depress the piston to expell the air, then draw it out slowly and steadily and keep it out by means of the set-screw. It is left applied from two to five minutes or until the pain is relieved, which seldom occupies a longer time. If the pain extends over a larger area, the instrument can be placed at two or more points successively.

It will not at all take the place of ordinary cupping over extensive areas of acute congestion, but in the class of cases I have mentioned, I assure you after extensive experience that this convenient instrument properly applied

Digitized by Google

offers more speedy and decided relief than any means at present in use. These smaller ailments are the cause of more aggravation to patients and physicians than many more important affections. If you wish to abstract blood, puncture with the lancet after producing congestion and reapply your suction.

In illustration of its efficacy I will briefly mention one or two cases.

A young man came to my office suffering from intercostal pains which had kept him from his employment for five days. I applied the instrument and gave him such complete relief that instead of going home, as he had intended, he went to his work, and had no return of pain. He had used liniments and mustard plasters without any improvement.

Some time ago a stalwart man came to see me who had severe lumbago from which he had suffered for two weeks; every motion gave him pain and I could but pity his agony as he rose from a chair to go into an adjoining room. I placed the cup on both sides of the spine for some eight minutes, the suction being so strong as to draw blood through the unabraded cuticle. The relief was so complete that he voluntarily remarked: "Why I feel so easy I could pick up a pin off the floor,"—suiting the action to the words.

Almost daily while physician to the Eastern Dispensary I saw patients enter in agony and leave in a few minutes laughing. Many patients who had endured pains for months were relieved after one or two applications.

A medical friend who witnessed the treatment of many of these cases has had equal satisfaction with myself in the treatment of these otherwise troublesome disorders.

The pain produced by the instrument though sharp is insignificant compared with the relief afforded.

As to the instrument the only point I would insist upon is a tightly fitting piston. It can be purchased at the instrument maker's for about two dollars.—*Maryland Medical Journal.*

STATISTICS OF NEPHRECTOMY.—According to Dr. Barker (*Lancet*, April, 1881,) the number of cases on record is 54; recoveries, 26; deaths, 28. In eleven of the cases a wrong diagnosis was made. The lumbar operations show rather better results than those in the linea alba.—*Lancet and Clinic.*

Digitized by Google

Society Transactions.

The Tri-State Medical Society.

This flourishing organization held a three days session in St. Louis, beginning October 25th. The attendance was not very large, but a great deal of interest was shown in the papers and discussions. Space will not permit of a full report. Some of the papers read will be published at full length in this journal.

The following officers were elected for the ensuiug year, after which the society adjourned, to meet at Terre Haute, Ind., in September, 1882:

President, Dr. J. M. Holloway, Ky.; Vice-President, Drs. Dixon, Ky., Washburn, Ill., Beaver, Ind., Williams, Ohio, Borck, Mo.; Secretary, Dr. G. W. Burton, Mitchell, Ind.; Treasurer, Dr. F. W. Beard, Ind.

Central Illinois Medical Society.

This society met in regular semi-annual session in the court house, Clinton, Illinois, on Wednesday, November 2, 1881. The resignation of Dr. W. G. Cochran as president of the society was accepted, and a vote of thanks tendered him for his faithful services to the society. Dr. Goodbrake, of Clinton, was chosen president to fill the vacancy.

Dr. Hill, of Bloomington, reported from the committee on surgery. Subject, Ulcers. Dr. Anderson reported on Contused and Lacerated Wounds. Dr. Wright reported on obstetrics; subject, Post-Partum Hemorrhage. Dr. Hill spoke on Belladonna in Urinary Irritations. Dr. Barnes on Malaria.

All of the subjects above mentioned were fully and freely discussed by members.

Drs. J. Edmiston, J. M. Wilcox and A. W. Edmiston, of Clinton; S. F. Anderson, of Bloomington, and W. H. Kirbey, of Kenney, were elected members of the society. In the evening Dr. C. T. Orner delivered a public address on the subject of State Medicine.

The following is the report of the committee of arrangements for the next meeting:

Your committee have fixed on the first Wednesday in May, 1882, as the time, and Bloomington, Illinois, as the place for the next meeting of this society; and name the following committees to report:

Surgery—Drs. Goodbrake, Howard and Campbell. Practice of Medicine—Drs. Wunderleich, Worrell, Norris and McKinney. Obstetrics—Drs. Elder, Cassingham, and

Digitized by Google

Crane. Alcohol as a food, medicine and beverage—Dr. Anderson. Diseases of Children—Drs. Wilcox and Pollock. Syphilis—Dr. White. Rœtheln—Dr. Pearman. New Remedies—Dr. Paulding. Diseases of Women—Dr. Scott. Cerebro-Spinal Meningitis—Dr. Allen. Public address by Dr. Barnes; subject, Responsibility of Insane Criminals. Committee of Arrangements—Drs. Barnes, Anderson and White.

J. WHITE,
C. GOODBRAKE,
J. EDMISTON,
Committee.

The Illinois State Board of Health.

At the afternoon session of the Board, Chicago, November 22, the following action was taken with regard to the individuals mentioned:

In the case of C. A. Miner, of Chicago, graduate of the Bennett Eclectic College, 1878, after a hearing of the testimony on the charge of unprofessional conduct, it was ordered that his certificate be revoked.

The report of the committee at the previous meeting of the Board in the matter of L. E. Keeley, of Dwight, graduate of Rush Medical College, 1864, which was to the effect that Dr. Keeley's license should be revoked, was taken up, and the report adopted.

The following preambles and resolutions were also adopted:

WHEREAS, It has transpired that one Dr. A. R. Warren (of Pekin, registered under the "ten years' practice" clause,) was licensed by this Board under a misapprehension in the construction of the ten-year exemption clauses of the "Medical Practice Act;" and

WHEREAS, Under the construction of the law, the said Dr. A. R. Warren was not justly entitled to this certificate; therefore,

Resolved, That his license be, and is hereby, revoked.

Dr. Haskell moved the following resolution, which was adopted:

Resolved, That the license of Dr. E. S. McLeod (of Chicago, graduate of the Iowa State University at Iowa City, 1877,) is hereby revoked for unprofessional and dishonorable conduct.

Drs. Ludlam, Haskell, and Clark were appointed a committee to report at the next meeting what shall be considered unprofessional and dishonorable conduct within the meaning of the "Act to Regulate the Practice of Medicine" in the State of Illinois.

Digitized by Google

Therapeutic Notes.

DRY CATARRH.

In those conditions of the nasal membrane where there is a tendency to accumulation of inspissated mucus, there is usually so much induration of the membrane as to make it well-nigh insensible to ordinary vapors, or even medicated fluids. I have often been able to secure much comfort to my patients, by having them use the following compound cubeb snuff:

℞	Pulv. cubebæ,	1 ounce.
	Pulv. sach. alb.,	1 pint.
	Pulv. sanguinariæ,	80 grains.
	Pulv. g. camphoræ,	
	Acid. carbol.(crys.)aa.	50 grains.
	Ol. rosmarini,	2 minims.
	Ol. gaultheriæ,	8 minims.

M. Sig. Use a small quantity, as a snuff, every three hours.—*M. T. C., in Medical Herald.*

ANTI-EMETIC.

Dr. Randolph, in the *Medical Brief*, suggests the following:

℞	Creasote,	20 drops.
	Acid. acet.,	40 drops.
	Morph. sulph.,	2 grains.
	Aquæ puræ,	2 ounces.

M. Sig. Dose for an adult, teaspoonful in a little water.

HEMORRHOIDS.

℞	Iodoform,	1 drachm.
	Balsam Peru,	2 drachms.
	Cocoa butter,	
	White wax, aa.	1½ drachms.
	Calcined magnesia,	1 ounce.

Incorporate the mass thoroughly and make twelve suppositories. Insert one after each evacuation of the bowels, and oftener if needed.—*St. Louis Courier of Med.*

OINTMENT FOR OLD SORES.

℞	Chloral,	
	Iodoform, aa.	1 drachm.
	Glycerine.	2 drachms.
	Unguent. petroleii,	5 drachms.

Is recommended as an ointment to promote healthy granulation in unhealthy sores.—*Med. Herald.*

PRURITUS VULVÆ.

℞	Ung. diachyl. simp.,	1 oz.
	Olei olivæ,	1 oz. M.

Apply to the parts.

NIGHT SWEATS.

℞	Acid. sulphur. dil.,	2½ drachms.
	Tr. opii,	1 drachm.
	Syr. aurantii,	1 ounce.
	Aquæ, ad.	8 ounces.

Sig. Two tablespoonsful three times a day. The above is useful in summer diarrhœa, and as a prophylactic against painter's colic.—*Med. Gazette.*

SASSAFRAS OIL IN RHUS POISONING.

℞	Sweet oil or fresh cream	1 oz.
	Sassafras oil,	15 drops.

M. Sig. Annoint all affected parts well, three or four times a day. If the bowels are constipated, or there are febrile symptoms, give sulphate of magnesia as a laxative.—*New Remedies.*

PULMONARY TUBERCULOSIS.

The following is the formula for Lippert's pill in the above named affection:

℞	Creasoti,	
	Ex. belladon. aa.	1-6 grain.
	Ex. opii,	1-12 grain.
	Ex. rhei,	⅓ grain.

M. Ft. pil. No. 1. Sig. One pill three times a day.—*Ohio Med. Journal.*

QUINIA HYPODERMICALLY.

The following is the formula of M. Dodeuil for hypodermic administration:

℞	Aq. distil.,	20 parts.
	Quiniæ sulph.,	2 parts.
	Acid. tartaric,	1 part. M.

—*Va. Med. Monthly.*

BARBER'S ITCH.

Brame recommends the following treatment: Shave the hairs off, or cut them very short; then apply once or twice a week an ointment composed of—

℞	Prepared chalk,	10 parts.
	Coal tar,	1 to 4 parts.
	Glycerine,	5 parts.
	Simple cerate,	50 parts.

M.

SCABIES OR ITCH.

℞	Acid. carbol.,	½ drachm.
	Acid. acet.	2 ounces.
	Aq. distil.,	6 ounces.
	Ol. bergamot,	10 drops.

M. Apply locally.

Digitized by Google

THE PEORIA MEDICAL MONTHLY.

EDITORS:

DR. J. MURPHY, DR. J. L. HAMILTON, DR. H. STEELE.

THOS. M. McILVAINE, A. M., M. D.,

Managing Editor and Publisher,

204 South-Jefferson Street, - - - - PEORIA, ILL.

*** All exchanges, books for review, and communications must be addressed to the Managing Editor and Publisher.

*** The publication day of this journal is on or about the 5th of each month

Editorial Department.

A Duty Too Much Neglected.

Almost daily we read of the death of physicians—men of fine mind, extensive reading and wide experience, who have literally died and left no sign.

By their success in practice, and the force of their example, the world is better for their having lived, but the science for which they labored and in which they were devoted workers is not one whit the richer for their lives. Much of their success they owed to their science, and the recorded experiences and labors of those who had lived before them, but neglecting or forgetting this debt, they leave no record, for the benefit of those who shall come after them. How much of this undischarged duty is due to habit and neglect or personal idleness, we shall not inquire. It is our only purpose here to ask the question for the reflection of those still living. Is it not a duty you owe to your profession and the world to record such of your experiences and reflections as will promote knowledge and advance our science?

Much of the knowledge you possess you owe to the writings of others. What would your success have been had you not had access through printed pages to the thoughts and experiences of others? Is it not then your bounden duty to leave to others the progress you have made?

Digitized by Google

Much of this neglect is due to habit. Of all men the professional man is supposed to possess that degree of literary culture necessary to the recording of thoughts and observations, yet how sadly is the habit of writing neglected among physicians! We know men, and everyone who reads this will call similar instances to mind, who have a rich and extensive store of medical knowledge, and though now of advanced age have never written one word that will leave their profession a mite the wiser for their having lived. While young they think: I am too young; when I get older I will contribute my share to the general store of knowledge. But the habit of recording and writing is lost, and when once lost is hardly to be regained.

To the younger men of the profession we would say, write and continue to write, cultivate the habit of writing, do not be discouraged if your first attempts are not thought worthy of print, only keep on writing (and you cannot write without thinking) and the time will surely come when what you write will be sought after, and you will be a better man and a better physician for having done your duty to your chosen profession.

If you have ambition for fame there is no better way to gratify it, but you should have the nobler ambition of leaving after you, when your work is done, that which will instruct, and incite others to carry our science towards perfection.

Small-Pox.

This dreadful scourge of humanity is raging with considerable violence in many parts of the West. And it cannot be wondered at. In fact, a year ago we predicted in these pages its spread, and could only express our wonder at the apathy exhibited by physicians and the public in regard to it.

Vaccination has done much to rob it of its terrors, and people fondly imagine if they or their children have a mark upon the arm that they are safe. They do not re-vaccinate the older children and neglect to vaccinate the young. Then, too, they do not take into account the large number

Digitized by Google

of foreigners yearly settling over the country who are, in a majority of cases, not protected, and by their habits and modes of life the very food upon which this disease best thrives.

Every few years we have a panic—more or less widely spread—about small-pox, and then proper attention is paid to arresting and stamping it out by the proper safeguards. The scare passes away and no one—not even, it seems, physicians—give the matter further thought until, a few years later, it makes its appearance again, and with the same results as before. This will continue to be so until the proper authorities take the matter in hand and insist, under strong and rigorously enforced penalties of the law, that vaccination shall be performed on every new-born child, and repeated every six or seven years until it reaches adult life. This, with the vaccination of every foreigner that sets his foot upon our soil, would, in a few years, cause this loathsome disease to become almost a legend.

We have just received a private letter from a prominent physician in this state, portions of which we give herewith; but our friend is too sanguine about the matter. We do not believe the disease is fully in hand in Chicago; the last daily we had from that city (November 26) reports four deaths and seven new cases, which is about the average it has held all year. Still, as the letter gives a pretty good account of the action taken by the proper authorities to fight the disease, we think it will be of general interest. A copy of the circular lies before us, and it should be in the hands of every physician:

During the past month small-pox made its appearance at eight different points in the state outside of Chicago, to-wit: Dundee, Elgin, near Kensington, Lemont, Lincoln, Mokena, Odin and Rockford—with a total of 37 cases and 7 deaths. At this date the outbreaks have either entirely subsided or are under such control as to afford a strong presumption that there will be no further spread at these places. No little credit is due the State Board of Health for its vigilance and thoroughness in dealing in its incipiency with what threatened to be a wide-spread epidemic. Precautionary measures of the most approved and radical character have been vigorously enforced at the first signal of danger, and in this work the co-operation of the local

Digitized by Google

authorities has been heartily accorded. An admirable circular, "How to Prevent the Spread of Small-Pox," was prepared by the Secretary in March last; and this has passed into its fifth edition, having been widely distributed as occasion required. Special editions in the German and Scandinavian languages have been prepared for localities where those nationalities predominate.

A special meeting of the State Board was held in Chicago, November 22, at which the following resolution was adopted:

Resolved, That, by the authority vested in the Board, it is hereby ordered that on and after January 1, 1882, no pupils shall be admitted to the public schools of this State without presenting satisfactory evidence from a reputable physician of recent and successful vaccination.

The State Superintendent of Public Instruction will be asked to co-operate in the enforcement of this regulation, in addition to which the Secretary of the Board is preparing a circular-letter of inquiry to the school directors and school boards of the State, asking information in regard to the size of school rooms, number of children in attendance, means of ventilation, number of school houses, and the general sanitary conditions that obtain in and around the building.

That valuable results will flow from the vaccination order may be safely predicted in view of the immunity the 65,000 public-school children of Chicago enjoy as a consequence of a similar precaution. Notwithstanding an occasional case finds its way into the schools, no single instance is known where the disease has been conveyed to other scholars. Dr. DeWolf, the Health Commissioner of that city, may be pretty proud of his record in this regard. The disease in Chicago is on the decline; its stronghold, in the notorious Fourteenth Ward, has been successfully assailed, and a corps of eleven vaccinators have been constantly employed for many weeks. The result is seen in a reduction during November, as compared with the previous month, of over fifty per cent. in the deaths from small-pox.

Other portions of the State, as yet unvisited, should be warned and encouraged by these results. It is too much to hope that there will be no further outbreaks; but the places enumerated may now be regarded as safe from any future affliction. The measures which proved successful in them, namely, vaccination or re-vaccination of all unprotected persons, should be at once enforced in every other community, to the end that there be a minimum of anxiety,

Digitized by Google

business losses and interruptions which the first cases will inevitably entail.

The cause of the spread of this plague we do not believe lies in the failure of vaccination, as some theorists would have us believe, but in the neglect to attend to it. "In the time of peace, prepare for war," is an old saying, but an eminently true one in this connection. Do not wait until the small-pox breaks out in a community, but see to it that all your citizens are protected beforehand. This is the duty of physicians as guardians of the public health, and one which is almost a crime to neglect.

Notes and Comments.

Do not fail to read prize list on advertising page 216.

How do you like the new type? We think it is a great improvement over the old, and adds much to the appearance of our journal.

Although a little early in the season yet we will now wish "A Merry Christmas and a Happy and Prosperous New Year" to everyone.

To give an idea how this journal is spreading, we may say, that the last thirty subscribers received represent thirteen states and territories.

The "Clinical Contributions to Electrical Therapeutics," begun in the November number, will be continued through several numbers, and, judging from the copy which we have for the January number, they will be of great and increasing interest.

We were pained to learn of the death of Dr. C. T. Lichtenberger of Eureka, Woodford County, Ill., which occurred November 16. Dr. L. was a man of extensive experience and courteous manners, and his sudden death will prove a sad loss to all his friends.

It was generally supposed that the late Dr. J. G. Holland had no better right to the title of Doctor than the custom that often bestows it upon men of high literary fame; such, however, was not the case. He graduated from the Berkshire Medical College in 1844, and struggled to get into practice until 1848, when he gave up and began to teach, first in Richmond, Va., afterwards in Vicksburg, Miss. A year or two later he became associated with the

Digitized by Google

Springfield (Mass.) *Republican*, and it was from a series of articles appearing in that paper over the signature of "Timothy Titcomb" that his literary ability first began to be recognized.

If every one of our subscribers would only take the trouble to speak of this journal to his medical friends, it would not be long before our subscription list would be doubled and some important improvements be made. It will not be much trouble for you to recommend it to your friends, and the improvements that will be made will more than repay you. Is it not to your own interest to do this?

Scene: Hospital—Two surgeons in consultation over a man twenty-four hours previously injured about the head in a railroad accident and still rather stupid.

1st Surg.: "Nurse, has he passed any urine?"

Nurse: "No."

2d Surg.: "We had better catheterize him."

1st Surg.: "Yes, at once." (Gets catheter ready, calls for oil bottle and attempts to introduce the instrument.)

Patient resists quite vigorously without speaking.

2d Surg.: "Let us stand him up and see if he cannot make water himself."

Patient is raised up and passes water in a full stream quite easily.

Pat. (loq.): "If I had known that was what you wanted, I could have saved you all that trouble."

—(*Tableau.*)

1st Surg.: "Wonder why he resisted the catheter so strenuously? Nurse, let me see the oil-bottle."

Bottle is brought and found labeled, "Acid Carbol. 95 per cent."

—(*Tableau and exeunt.*)

At the prices given below we will furnish both the PEORIA MEDICAL MONTHLY and the journal named, for one year:

London Lancet	$4 00
Detroit Lancet	3 00
Therapeutic Gazette	1 50

Those intending to contribute articles for our January number will please send them in as soon as possible. We begin work on it by the 20th.

Beginning with the January number we hope to publish every month a short, practical article on the much-neglected subject of Medical-Jurisprudence. These articles

Digitized by Google

will be written by well-known legal gentlemen, and cannot help being of interest and profit to our readers. This is something new, as no other journal in the country has such a department, and we are confident that it will be appreciated.

The special inducements offered to subscribers by this journal are unequalled by any medical publication in the West. Read them and make your selection.

Some Things That May Interest You.

WE desire to call attention to some of the preparations of the Wm. S. Merrell Chemical Co., of Cincinnati. We are using in daily practice many of the preparations of this well-known house, and find that we can rely entirely upon their purity and strength. Among their various preparations we may mention, their green-root and other fluid extracts as being perfectly reliable; Fluid Hydrastis, made without alcohol, is much praised; their Tincture of Gelsemium; Extract of Malt; Nitrate of Sanguinaria, useful in diseases of the throat and bronchi; Re-precipitated Pepsin; Aromatic Elixir Licorice, the best vehicle for quinine; and the Sulphate, Muriate and Phosphate of Hydrastia are all well known and very popular. Colburn, Birks & Co., of this city, carry a full line of these goods in stock, and fill all orders at manufacturers' prices.

DR. J. MILNER FOTHERGILL ON USE OF MALTINE.—In order to aid the defective action upon starch by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase "maltine." But, as Dr. Roberts points out, in order to make this ferment operative it must not be taken after a meal is over. Rather it should be added to the various forms of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. Maltine is a molasses-like matter and mixes readily with the milk, gruel, &c., without interfering either with its attractiveness in appearance, or its toothsomeness; indeed, its sweet taste renders the gruel, &c., more palatable. A minute or two before the milky mess is placed before the child, or invalid, the maltine should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some maltine mixed with it, before it is placed on the nursery table, we should hear much less of infantile indigestion and mal-nutrition.—*From the Practitioner.*

UNEXPECTED to many, Battle & Co.'s Bromidia and Iodia have not proved to be worthless, but, on the other hand, are daily increasing in favor with physicians, as combinations of well-known drugs that are elegant, palatable and exceedingly useful. Many of the best men in the profession use them and recommend them highly.

POWELL'S BEEF, COD LIVER OIL AND PEPSIN is manufactured by the Powell Manufacturing Co., of Baltimore, Md. The components of this remedy are expressed in the name, this at once commands for it the attention of medical men. A happy and useful idea it was of the Powell Company to combine into such a palatable and elegant preparation the wonderful tonic, nutritive and digestive properties of BEEF, COD LIVER OIL AND PEPSIN. This combination cannot help being, as claimed for it, *i. e.*, a reliable and palatable tonic and nutritive medicine. We are informed by the proprietors that the remedy is meeting with an unusually large sale for its short introduction, and that many leading practitioners are recommending it in the highest terms. This combination is an advancement in pharmaceutical science, and will, doubtless, be very successful.—*New Remedies.*

Digitized by Google

THE PEORIA

MEDICAL MONTHLY.

VOL. II.——JANUARY, 1882.——No. 9.

Original Communications.

ART. I.—Clinical Contributions to Electrical Therapeutics. PAPER No. II. BY ROMAINE J. CURTISS, M. D., Joliet, Ill.

RELIEF OF PAIN AND OTHER SEQUENCES OF VASO-MOTOR DISEASES.

The size of the blood vessels carrying the nutritive fluid to the various organs has direct relations to their welfare in growth, health, and disease.

Doubtless one of the most important physiological conditions known, in its bearings upon growth, life, and disease, is the vascular tonus; and it follows that there are no more biological forces than are those which determine the state of the vascular tonus, or size of the blood vessels. Local repair of injuries depend upon this condition, as also do those diseases which can be classed under the head of "errors of nutrition," as resultants of local anæmia, congestion, and inflammation,—such as softening, degeneration, induration, hyperplasia, cell proliferation, atrophy, gangrene, exudation and effusion.

The mechanism which determines the vascular tonus is very complex, and is referred to the heart's force, and to the existence of vaso-dilator and vaso-motor nerves. Trophic nerves are also supposed to exist and to contribute

Digitized by Google

to the phenomena of nutrition and its errors. Physiology has doubts relating to vaso-dilator and trophic nerves; but there seems to be some verifications of the existence of vaso-motor nerves, arising from various central ganglia of the spinal cord and distributed to the muscles of the blood vessels. There is no reason why the physiological inference, upon which hangs the belief in the existence of trophic nerves, cannot hang as well upon the known effects brought about in nutrition, both physiological and pathological, by variations in the vascular tonus.

The vaso-motor nerves doubtless exist. A muscle supplied by nerve force is subject to spasm, cramp, and paralysis, as well as the natural rhythmic action of nerve force. When affected by spasm the muscles of the blood vessels are like other muscles, and the spasm may be clonic or tonic, with various pathological resultants; but one of the pathological elements of spasm of the blood vessels, and the one which concerns us now, is pain, which, it may be said, is related particularly to the clonic variety of spasm. Pain seldom indicates either the nature or gravity of the disease upon which it depends, but always furnishes an indication for treatment. In Basedow's disease the vascular tonus is lowered, and the motion of the heart is inhibited, but there is no pain, as there is in angina pectoris, which represents the clonic vaso-motor spasm.

As is thoroughly known and appreciated, any therapeusis which can control diseased conditions of the vascular tonus, by dilating or contracting the blood vessels, is second to no other methods in importance practiced for the relief of pain and cure of disease. Chlorotorm, chloral, ergot, bromine, belladonna, digitalis nitro glycerine and caffeine are prominent drugs which are used for this purpose. It is doubtful if a pathological condition is "selective" in relation to drugs, to the extent that a portion only of one division of the nervous system can be acted on by medicine to the exclusion of the rest. It is not clear that a drug can act on a local vaso-motor affection when circulating with the blood, in a greater degree than it acts on the vaso-motor system generally. The power of electricity over abnormal conditions of vascular tonus is a matter of actual

Digitized by Google

verification, and though the cure of such diseases as angina pectoris and exophthalmic goitre may not be due to specific stimulation of vaso-motor power or its inhibition, yet, whatever may be the complex causes which result in these diseases, it is certain that electricity is second to no remedy in bringing about a cure. An obvious advantage in the use of electricity over drugs lays in the fact that its diffusion through the body is not so general as is that of a drug when circulating in the blood.

ANGINA PECTORIS.

Case 1.—J. W——, mechanic, aged 40 years, had his first attack of angina while at work. He was usually healthy and lazy, with an easy disposition relating to worldly gains; and the shoddy vanities of life were remote from his thoughts and did not partake of his desires.

When attacked by angina he fell as if paralyzed. The pain began at the precordia, extended into left arm, and up both sides of the neck. He was carried home in this condition, where I saw him in about thirty minutes. When I saw him he appeared to be in the most intense agony; his face was pale and pinched, his eyes suffused with tears which flowed over his cheeks; his breath was short and jerky, and each respiration was accompanied by a moan. The surface was cool, pulse slow, contracted, and difficult to feel. I gave him a hypodermic dose of morphia, gr. $\frac{1}{4}$; atropia, gr. 1–100, which was followed by relief. I examined the next day and could find no organic disease of heart or other organ, nor could I find other satisfactory antecedents of the attack of angina. In about a week he had another attack, not so severe, which he relieved himself of by using inhalations of nitrite of amyl, which I advised him to carry in his pocket for future emergencies.

After the attack I determined to treat him with galvanism, and made one application, applying the positive pole on the neck, behind the ear, and negative pole over epigastrium, using ten cells about three months.

The next day he had another attack, and concluded that the electricity hurt him, which opinion was very learnedly seconded by a medical pilgrim to whom honors

Digitized by Google

were easy, and who climbed over the wall by another way than the college requisitions, and the regular gate, when he entered on his medical journey. In a few weeks I heard the patient was cured, but shortly after he had a severe attack and I was called to see him. After this attack he was treated regularly, three times a week by galvanism, applied as in the first instance. The treatment was continued for three months, and resulted in cure. He had during this time only two attacks, which were relieved with the amyl he carried in his pocket ready for use.

Case 2.—A. F——, was 42 years old; had been a soldier in the war of the rebellion, and received civic honors and a pension for having suffered amputation at the right shoulder joint. He came into my office one day suffering from angina, and was relieved with morphia and atropia. His clinical history revealed that he had been subject to angina for nearly three years. The severity of the attacks varied somewhat at different times, and always came on during exercise and generally when he was away from home. The pain was situated in left chest and arm, and interfered with his respiration. In the attacks of greater severity he stated that he would be obliged to abandon the respiratory function until he became unconscious from fainting, when the pain would stop. In fact, he generally adopted the method voluntarily for relief. I learned that his attacks were forewarned by pain for a few days in the stump of his amputation, and in addition was associated with a falling barometer. I diagnosed his disease traumatic angina, as I could find no evidence of organic lesion, and treated him for four months with galvanism, applied as in case one. After this he remained free from the attacks for a year, but in the meantime had a severe attack of acute rheumatism from exposure to heat. He had but one attack after this of the angina, but the next year again recklessly exposed himself to heat, and was killed by sunstroke.

EXOPHTHALMIC GOITRE.

Case 1.—Miss A——, aged 24, came to me on account of palpitation of the heart. A physical exploration revealed no sign of organic lesion of this organ, but my surprise was

Digitized by Google

great at its rapid action, and on counting the pulse I found the rate of heart's motion to be 142 a minute. I began searching for a sufficient antecedent to this condition, but questions relating to various organs and functions revealed nothing until she spoke of goitre, when the true inwardness of the pathology dawned on my mind. I now noticed a slight prominence of the right eye. The clinical history showed that patient had been cognizant of exophthalmic symptoms and signs about six months. She was not anæmic; in fact, had rather good color. I traced neurotic temperaments among her ancestry, including convulsions and spiritualism. I did not succeed for some time in finding sufficient cause for the disease, but finally learned through one of the most reliable members of the family of Mrs. Grundy that the patient had been worsted in an affair of the affections.

This patient was under my observation for two years, and about half the time under treatment by galvanism. I found that galvanization of the cervical sympathetic, or of the cervical spine and epigastrium would reduce the pulse from fifteen to twenty beats a minute. I never saw any indication for medicine, and never gave any. The galvanic applications were made in this manner, and to the struma and eyes on an average of twice a week during the time she was under treatment. When the treatment ceased her pulse ranged between ninety and one hundred. At this time she married, and in a short time—about four months—developed symptoms of insanity, exhibiting an ungovernable temper, and at every opportunity running from home and taking to the country, even in bad weather. In due time a son was given, after which the insane freaks left her, and so did her remaining symptoms of Basedow's disease, almost entirely. The struma is scarcely noticeable, nor is the exophthalmus, and her pulse rarely goes above ninety.

I attributed her mental derangement to pregnancy, and the cause of Basedow's disease in her case to be an inherited neurotic temperament, with an exciting cause of emotional shock, and I attribute her cure to the use of galvanism.

Digitized by Google

ART II.—Myopia. By S. J. BUMSTEAD, M. D., Decatur, Ill.

This is an optical defect of the eye with which both the profession and the laity have more acquaintance and familiarity than any other with which eyes are affected. The reason is probably on account of the time this has been known and described, and the comparatively recent period since the other optical defects were properly defined and described. And yet, after all this seeming familiarity with the subject of nearsightedness, it would surprise any one conversant with the facts, should they inquire of a number of general practitioners for an explanation of the defect. The most prominent answer I receive, both from professional and non-professional persons, is that it is characterized by the subjects holding a book, or material when sewing, very close to them. According to this idea, all persons who act in this way are nearsighted or myopic; and, in fact, patients often apply to me for relief, who inform me in advance as to the nature of their defect, and I must add, about as often wrong as right. It is true that persons having any high degree of myopia hold the object closer to them than usual; but it is not true that all who do that are troubled with this defect. It is a well known fact that some persons who give this evidence of myopia, are really troubled with hypermetropia, the opposite optical defect to that at present under consideration, and some on account of blindness from internal disease, which, when the object approaches the eye, causes a larger visual angle of it to be thrown upon the retina, and which the diseased organ can perceive much easier than the smaller one sufficient for a normal eye. Another surprise awaiting the inquirer would be the answers received from many in and out of the profession in response to the question: "Why do nearsighted persons hold the object so much closer to them than others, in order to see distinctly?" No doubt the Englishman's answer would suit some very well, viz: "Because they're obliged to do it in 'order to see, you know." But a more satisfactory answer is desirable, and will be given. The myopic eye nearly always has a longer antero-posterior diameter than the emmetropic eye (see previous articles in this journal) has; and, in consequence, in gazing passively

Digitized by Google

in the distance at an object, when in the emmetropic eye the image would be formed exactly and clearly upon the retina, the same images entering a myopic eye would come to a focus in front of the retina, on account of this increased length of the optic axis, and only reach the retina in circles of dispersion beyond the focal point. The image is by such an eye only imperfectly seen; the objects are blurred, and the finer shades wholly unknown. If the degree is slight the retina is only a trifle farther back than in the emmetropic eye, and the accuracy of vision will more nearly approach that of such an eye. In the higher degrees of myopia the retina is so much farther from its usual position that the image is too far removed from its focus to be seen with anything like distinctness. This is because, in the normal condition of things, rays of light from a distance enter our eyes parallel. These conditions are changed in two ways; first, by interposition of concave glasses; second, as is well known, rays of light coming from an object are at first very divergent, and only after proceeding some distance become parallel. Now, the latter kind of rays are brought to a focus too quickly, or too close behind the lens to enable a myopic eye to have a clearly defined image, and the subjects find that by holding the object closer to them, the image is quite distinct. When this is done the rays entering the eye are very divergent, and such rays are not brought to a focus so close to the lens, but further back, and practice enables the myope to find just that distance which will give the clearly defined image upon the retina of his eye. The distance from the camera at which the object has to be held to give distinct vision gives roughly and yet usually accurately enough the degree of myopia present. If this is 8 inches the myopia $=\frac{1}{8}$, that is the far point of such an eye lies at 8 inches from the eye, and here only is vision perfect. Sometimes this is as great as $\frac{1}{3}$, and then the object must be held annoyingly close for distinct vision. One may have a myopia of say $\frac{1}{12}$ or $\frac{1}{14}$, and then there will be no difficulty about reading or working with close objects, because this is the distance at which all reading and close work should be done by the best eyes. For such work, therefore, these cases need no glasses, and

Digitized by Google

should not be permitted to read with the concave glasses, which correct the defect and make vision plain and distinct for distant objects. If this is permitted, the result will be to increase the myopia, which is accomplished by the necessarily increased accommodation of the eye to neutralize the concave glasses before it, and which is not needed to read with, and yet can be done in spite of them by the extra accommodation. This increased contraction of the ciliary muscle in making the lens sufficiently convex to neutralize the concave glass is an additional work put upon the eye. More blood is attracted to them; they become congealed; the internal recti muscles in co-ordination with the ciliary muscle, contract a little more, which compresses the eye-ball and tends to elongate it antero-posteriously, and thus make the axis longer, and the degree of myopia greater. There is naturally a great tendency when this affection exists in early childhood, to become greater as the patient grows older, and especially if a great deal of work is put upon the eyes at close range, and very often an absence of the knowledge of the nature of the defect, and its dangers, either by the patient or his medical adviser, will prevent his taking that care of these organs which might have prevented serious trouble or blindness, and which, unfortunately, so often overtakes those having this defect in a great degree. The popular idea that myopic eyes are stronger and less liable to disease than others, is a very erroneous one, and very unsafe. An elongation at the posterior pole of the eye often occurs sufficient to start a separation of the retina from the choroid coat, and just external to the optic nerve entrance, and in many cases this progresses to complete separation and total blindness. On the other hand, when one has a myopia of say $\frac{1}{5}$, where a concave glass of 5 inches negative focus permits objects at a distance to be seen distinctly (the actual degree of myopia in this case would be $\frac{1}{5.5}$ on account of the half inch distance of the glass from the nodal point of the eye, and which in these cases must be recognized, but may be safely ignored in the lighter forms), if the patient understands that he should not read very long at a time, nor in the stooping position, or lying down, and especially not

Digitized by Google

while the neck is under compression and hindering the return of blood from the head; and that he has no business to try to read with the concave 5 glasses, he may succeed in preserving fair vision so long as he lives. These are cases in which a little knowledge received and made use of, is of the highest importance to the patient. When the degree is as great as $\frac{1}{4}$ or $\frac{1}{3}$ the proximity of the object calls for some additional relief, although the use of the glasses for distance would only add fuel to the flame, as indicated above. The work in converging the eyes upon an object only three inches from them is so great, that frequently the internal recti muscles become so weak from this strain that they give up the effort, when one eye swings out of line, and the patient has to content himself with monocular vision, but which often saves him from blindness, by removing the ever increasing strain which, like any vicious circle, once started increases all the links in the chain.

When nature has not thus given relief, we are often enabled to do it as follows: Suppose our patient has myopia $\frac{1}{8}$, and works with difficulty and pain at this distance without glasses. The problem to be solved is to take away only so much of his myopia with a concave glass as shall leave him say $\frac{1}{12}$, because under such circumstances, if not too blind from diseased condition of the retina, he will be able to see distinctly objects placed at that distance. In other words, we convert his myopia of $\frac{1}{8}$ into one of $\frac{1}{12}$, and which latter distance is not so close as to severely strain the recti muscles in maintaining the necessary convergence. When we wish to do this, having myopia of $\frac{1}{8}$, we proceed as follows: $\frac{1}{8}=\frac{3}{12}$, and of course if we remove $\frac{1}{12}$, we must have $\frac{1}{12}$ remaining. A concave glass of $\frac{1}{12}$ under these circumstances, putting any blindness out of consideration, will make the patient to read easily at 12 inches distance, when without this glass all objects had to be approached 6 inches from the eyes. This does away with the efforts at convergence on the part of the recti muscles, and places the eyes under much more favorable conditions. If any other high degree exists, the principle of calculation is the same; subtract what you wish to have remaining from the degree present, and the remainder is the focal power of the

Digitized by Google

glass that will remove the far point of the eye to the desired position. Then it is always desirable that the weakest concave glasses that will give distinct vision for distance should be the ones selected for the walking glasses. It is always safer in selecting such glasses for one having any considerable degree of myopia, to thoroughly paralyze the accommodation with an atropia solution of four grains to the ounce, applied once or twice a day, for at least two days, and then deciding upon the glasses which give the most distinct vision under these circumstances, though the light should not be permitted to fall in the face of but upon the back of the patient when making the test. Those familiar with the use of the ophthalmoscope, and its principles, are also able to confirm or correct the previous examination, by the use of that instrument, but a description of that method cannot be introduced here. In cases of a high degree of myopia, the affection known as muscular asthenopia often gives a great deal of trouble. It arises from the greater strain upon the internal recti muscles, they having to converge the eyes so much more, and also, the greater elongation of the eyeball makes it roll inwards with more difficulty than when nearer spherical, as the emmetropic eye is; after reading a few moments the muscles suddenly let go, the eyes roll outward, doubling of the printed matter, or blurring, sets in, together with a tired, aching sensation. The remedy for this is varied. Sometimes the proper concave glass to remove the far point farther from the eye, will be all that is required. Prisms alone or in combination with a concave glass are successful in some cases, and by the deflection of the images entering the eyes, even when the eyes are not in parallelism with each other, both images may still by this means be thrown upon the visual spots of each eye, which of course does away with the doubling up of the type. In still other cases again, a tenotomy of the external recti, with advancement of the internal recti muscles, will be the only measure promising relief. Some consideration of the etiology of this affection, probably upon the increase among civilized people, can scarcely be considered inappropriate. While it is very true that many cases are

Digitized by Google

hereditary, it is also an important fact in very many cases, it is most certainly produced by the acts of the patient when young. The sclerotic coat of the eye is the one which gives that organ the solidity it possesses, and it does not attain its greatest degree of firmness until at least the period of youth and manhood. During the period of childhood, when this coat, as well as the bony system, is so susceptible to change of form by undue pressure, the foundation of myopia is often slowly but surely laid. In some cases the size of the type from which the school books are printed is too small, requiring too much effort to recognize; the light is also very bad in many portions of even our best constructed school rooms; the pupil leans forward, the neck is bent, the veins of the neck are partially compressed and the return flow of blood hindered, and by this approach of the face to the book the internal recti muscles have to compress more and more the yielding sclerotic coat, in order to maintain the proper convergence, until at length a permanent elongation is effected, and myopia is formed. The desks in our school rooms are too often faulty in this: they are too low, and invite the pupil to lean over, when if they were higher, they could not bend forward and get so close to their work. If no actual myopia is present, any tendency to hold objects closer than 12 to 15 inches from the eyes, should be combatted as an evil habit that should be broken up as speedily as possible. Where a real myopia is formed when the case is first investigated, and will not give normal vision in the distance after an atropia solution of three or four grains to the ounce has been used in the eyes, without some kind of concave glasses, proper treatment and conduct on the patient's part may still avert a high degree of progressive myopia. If the glass required for distance is weaker than a No. 12, more will be necessary for close work, and no approach of the object closer than this in such a case should be permitted. On the other hand when the patient is grown, and a certain considerable degree of myopia is present, which will not disappear upon the use of an atropia solution, it is folly to do without the proper glasses for distant vision, and for close work, too, when it is greater than $\frac{1}{8}$ or $\frac{1}{10}$. Many children who are at

Digitized by Google

first really hypermetropic, seem to grow gradually out of that condition into the opposite one of myopia, and for these reasons those who have the future welfare of the children at heart, could not do better than to ascertain the actual condition of their eyes in early life, and what injurious influences they are being subjected to. No doubt our State Board of Health could effect something by conferring with the principal manufacturers of school furniture, as well as exercising some supervision over the erection of all new school buildings of any considerable size in the State.

ART. III.—Removal of the Afterbirth. By W. J. CHENOWITH, M. D., Decatur, Illinois.

The following extracts will give a clear idea of the instructions usually given in reference to removal of the placenta:

"As long, then, as the placenta remains in utero, so long we must wait, within a certain limit—provided there be no flowing—for those contractions which are to expel it from the uterus into the vaginal cavity."—*Ramsbotham.*

"After having given the first necessary attentions to the child, we return to the mother, and if the hand applied to the hypogastrium feels the womb contracted with a certain degree of force, we assist the delivery of the placenta; when the uterine globe does not form, we ought to wait, or make use of the means proper to remove the inertia."—*Velpeau.*

"When nature has achieved her part of the process, and the placenta has become detached, and the uterus is found to be contracted with the afterbirth resting over the cervix or protruding into the vagina, it should be removed. Removal earlier is premature and officious interference."—*Bedford.*

"There can be no fixed rule on the subject, except that the placenta must be got away, as there is no security while it is left. Where it is partly expelled into the vagina there can be no necessity for waiting at all. I have never waited for its spontaneous extrusion more than an hour and a half."—*Meigs.*

"After its entire separation, the afterbirth constitutes a foreign body in the uterine cavity, which the organ endeavors to discharge by contracting; this indicates the time for acting."—*Cozeaux.*

Digitized by Google

The usual practice, so far as I am informed, is in accord with the advice of the authorities quoted.

Velpeau refers to De La Motte, Deventer, Peu, and others as teaching that, as soon as the child is delivered, and the cord tied, the placenta should be removed immediately. Believing that the practice recommended by them is correct, I submit a few reasons in support of it.

It will be seen from the quotations given that delay is urged to give time for the detachment of the afterbirth by contractions of the uterus occurring subsequent to the birth of the child. But those contractions which take place after rupture of the membranes, and especially those which follow expulsion of the head, in a majority of instances, detach the afterbirth. So that in all of these cases there is no reason for delay. If on introducing one or more fingers into the uterus we do not find the fœtal surface, nor the thin margin of the placenta, which announce its detachment, we are expected to wait, for from fifteen minutes to an hour, before introducing the hand to ascertain the cause. Immediately after the birth of the child the os is widely dilated, and the hand can be introduced without pain, and there is no condition, except that of inertia, which could exist, after half an hour, which would be so favorable in this respect. And if it is justifiable, or expedient, or necessary, after half an hour has passed, to introduce the hand because of inertia, there can be no reason why it may not be done sooner. We want contraction of the uterus, and there is no surer, nor speedier method of producing it. But as hemorrhage, from partial detachment of the placenta, frequently occurs where there is inertia, to anticipate this there is necessity for immediate action. This may be illustrated by cases such as the following (which are of frequent occurrence): January 6th, 1878, I attended Mrs. E. in her second confinement. Although I had anticipated eclampsia, or other trouble, because of a general œdema, the color was natural until after the birth of the child. No attempt having been made to remove the placenta for about fifteen minutes, she exhibited evidence of faintness. Examination through the abdominal walls showed want of contraction. I immedi-

Digitized by Google

ately passed my right hand into the uterus, through a mass of clotted blood, and grasped the placenta; and with my left hand clutched the uterus through the abdominal parieties, contraction ensued in a short time, and delivery was accomplished. Contraction was maintained by placing both hands on the abdomen and grasping the uterus between them.

The same lady was confined October 10th, 1879. So soon as practicable, after the child was delivered, I put my hand into the uterus and seized the placenta, the uterus contracting, a large amount of blood was expelled. With removal of the placenta, which was effected at once, hemorrhage ceased. Contractions were secured as after the previous confinement.

Another cause necessitating the immediate removal of the placenta is its large size. If this becomes known by examination, there can be no sufficient excuse for waiting. June, 1875, Dr. —— sent for me to assist him in his wife's accouchment. It was as much as three hours after the delivery of the child before I saw her. The cord was strong enough to admit of considerable traction, but the large placenta could not be removed by means of it. By forcing my hand into the uterus and my fingers through the placenta, delivery was accomplished; a large mass of clotted blood following. In this case there was no danger of external hemorrhage because of the plugging of the internal os by the placenta, but there was danger of concealed hemorrhage.

Irregular contraction of the womb is an admitted cause for artificial delivery of the placenta. The following is given as a fair illustration of the necessity for immediate interference in such a case:

October 25th, 1881, I was called to assist Dr. R. in removing the placenta in the case of Mrs. S., a prima para, who had been delivered, about an hour before I saw her, of a still-born child. The doctor's anxiety to save the life of the babe, had prevented close attention to the mother for about an hour. Failing to resuscitate the child, he attempted to remove the placenta, but the cord was too weak to admit of traction; contraction of the uterus had impris-

Digitized by Google

oned the placenta at the fundus, so that he could not push his hand high enough to grasp it, without unjustifiable force. He administered ergot, but this did no good. With polypus forceps, belonging to his pocket-case, he had only succeeded in tearing off small pieces. The delivery was not accomplished, and each contraction produced a hemorrhage, not alarming, but suggestive. In accordance with the doctor's request, I came provided with placental forceps, hook and other appliances, and with the aid of these the afterbirth was removed.

One of the most urgent demands for removing the afterbirth is to prevent the formation of clots in the uterine veins. If the placenta is attached, or partially attached, contraction will not be as great over the central or thick portion, as over the thin margin, thus leaving the mouths of the vessels open or filled with blood. Whereas, contraction of the empty uterus closes the blood vessels at the site of the placental attachment, and thus prevents coagula from forming in their otherwise open mouths. Singularly, Playfair, indorsing McClintock, says "so long as we are satisfied that the uterus is fairly contracted, so as to avoid the possibility of its distention with blood, a certain delay after the birth of the child is useful, from its giving time for coagula to form in the uterine sinuses by which their open mouths are closed up." Playfair himself has shown, in an article in the *Lancet* in 1867, that the puerperal condition invites coagulation of blood, and that many deaths occur from thrombi of the pulmonary artery, or from emboli derived from breaking down of coagula in peripheral veins. It is important not only that contractions occur, prior to the expulsion of the afterbirth, to prevent coagulation of blood in the veins, but that they be kept up to insure collapse of the vessels, and to expel any clots which may have formed in them. Inertia and feeble contractions invite coagulation. Hemorrhage under immediate observation can be more readily met. The number of deaths occurring in from ten days to three weeks after confinement—many of them unannounced by symptoms—can be frequently traced directly to coagula formed in the uterine vessels, at the time of parturition, which

Digitized by Google

have suppurated and broken to pieces, and forced their way from the uterine veins into the internal illiacs, vena cava and heart, to the pulmonary artery or its branches, or the pus may have passed through the capillaries into the left side of the heart, and thence into the systemic circulation, and lodged in the kidneys, spleen, liver or other organs. I may be excused from suggesting that the giving of opiates, after delivery, for the relief of after-pains, is attended with danger if, by them, contractions are prevented.

ART. IV.—Some Considerations Relative to Acute Rheumatism, and its Treatment. BY J. MURPHY, M. D., Peoria, Ill.

A disease is important in proportion to its severity, its frequency, its difficulty of treatment, and its liability to pass into or entail some other disease. Acute rheumatism is obnoxious in each of these respects, and notwithstanding the anxious and careful attention which has been so profusely lavished on every point connected with it by the profession, and the vigorous and important advances which during recent years have been made in its treatment, there are still many points connected with it which are yet unsettled, and its therapeutics are by no means finished. There is probably no other disease in which greater disparity of opinion has existed with reference to its causation, pathology and general characteristics; or in which such a multiplicity of remedial agents have been employed, many of them differing *toto cælo* from each other. This wide range of opinion is the necessary result of our ignorance of almost everything connected with this very mysterious ailment, and our consequent uncertainty as to whether our theories with reference to it are correct; and although of late years its treatment is more satisfactory than formerly, and the number of heart complications probably less, still our practice with reference to it is equally as empirical as it ever was.

I will not attempt to make any addition to the already plethoric list of surmises and theories with reference to its causation and pathological character, which have from

Digitized by Google

time to time been eliminated, and which have not always been very creditable to the intelligence of the profession. It is indeed very humiliating for us to be obliged to admit, that the last half century, so prolific in information respecting almost every other disease, has really added nothing of a reliable or practical nature to our knowledge of the characteristics of this one, or to the causes which produce the formidable cardiac complications which so frequently accompany it.

But while in the present state of our knowledge, any further enquiries regarding its causation will most likely prove nugatory, I cannot avoid hazarding the opinion that acute rheumatism is not the result of any lengthened incubative process, of any special accumulation of poison in the system, of any special predisposition, or that internal causes exercise any particular agency in its production; we certainly have no evidence either positive or negative, of a character which can be depended on, to maintain any such theories. If there are any predisposing causes leading to the production of this disease, we are in profound ignorance of their existence. They are purely visionary, existing only in the imagination of those who are ideal enough to entertain them, or be governed by them. The only tangible and rational exciting cause to which we can attribute any factorage in the production of this disease, is exposure to cold and especially to damp. I have very rarely seen a case of acute rheumatism which could not be traced directly or indirectly to this cause; and such is the experience of a large number of physicians with whom I have communicated on this subject. Exposure to cold or damp air insufficiently clothed in a vehicle, sleeping in a damp bed or in a damp room, sitting in a cold room after being heated by exercise, and sitting with wet clothes on, are all fruitful sources of acute rheumatism. The rapidity with which the symptoms are developed is sometimes astonishing. I have seen the febrile symptoms begin within twelve or sixteen hours from the period of exposure,—the person having been previously in perfect health, and with no rheumatic predisposition;—affording confirmation strong as Holy Writ, that the tangible exciting cause

Digitized by Google

was the sole origin of the disease. We know *positively* that cold and damp will produce acute rheumatism, we do not know even *negatively* that any other agent will. Notwithstanding this however, many influential medical writers assert very dogmatically that cold has no agency in its production, and tauntingly endeavor to sustain their dogma by asking, "How often is exposure to cold not followed by rheumatism?" The question is in the precise words of a modern medical writer of much celebrity. The weakness and illogical nature of this question are too conspicuous to require a serious contradiction. He might with as much intelligence have asked, how often is exposure to small-pox not followed by small-pox?

The same writer asserts that a special predisposition is requisite for the production of the disease. He enunciates this naked opinion, without introducing a single tangible or even plausible argument to sustain it. Special predispositions in this disease are I believe as rare as special providences are in everyday life. It is time that dogmatism in medicine was at an end, it matters not how influential the source from which it comes, or how respectable the ægis it is sanctioned by. If medical writers were governed more by the inductive principle, the progress of medical science would be more rapid and substantial, and much more tangible and satisfactory. Whenever a medical writer mounts a hobby he invariably calls in the aid of statistics. I scarcely know a medical absurdity that cannot be sustained by their aid. Their utter fallacy has been so often demonstrated that it is almost a reflection on the intelligence of the medical profession for a writer to attempt to ground a theory or bolster up a practice by such sophistical aid as statistics afford. As might have been expected we find medical writers resorting to the *ultima ratio* of statistics to prove that acute rheumatism cannot arise from cold or damp, but that on the contrary it must be the result of some imaginary mysterious agent which nothing short of omniscience can comprehend. I regret that want of space prevents me from combating at length this *lucus a non lucendo.*

Digitized by Google

The doctrine of hereditary transmission, so vigorously insisted on by many writers, is I believe equally at fault, as is that of special predisposition. If the latter dogma were correct, persons having the disease once would be specially liable to a repetition of the attack, which we do not find to be the fact. The former dogma would be generally correct if it applied to cases of chronic rheumatism, where the disease is usually transmissible, but is entirely inapplicable to cases of acute rheumatism, which experience shows us to be usually neither hereditary nor transmissible. Acute and chronic rheumatism appear to be really antagonistic to each other. They are certainly different in all their symptoms, and equally so in their results. It is misleading to associate them in any way. A proper appreciation of the various points which I have referred to are I consider essential to an understanding of the principles governing the treatment of the disease.

I could have wished to peril a few remarks on the pathology of this affection; but the views of those who have investigated the subject most closely, are so numerous and so wholly divergent and antagonistic, that it appears to be almost a work of hopeless supererogation, to attempt to pursue the investigation farther.

While the points to which I have been referring are debatable, there are other important features connected with this disease that do not admit of much difference of opinion; which have not yet had the degree of consideration that they deserve, and are consequently not yet "sicklied o'er with the pale cast of thought." A close observation of some leading symptoms, will frequently enable us to predicate the character of the attack and its probable termination. The use of the thermometer is perhaps more requisite in this disease than in any other, and the information gained from it is very important and valuable.

In this connection several very interesting considerations are presented: First, the most diligent attention is here required, as the power of sustaining life after an excessive temperature has been attained, is probably less in acute rheumatism than in almost any other febrile disease; no well authenticated cases of recovery occurring after the

Digitized by Google

thermometer has reached 106 or 107 degrees. Second, if we find the temperature early in the disease, say on the third or fourth day, at 104 or 105 degrees, indicating as such a degree of heat does very great danger, or if it rises still higher, indicating almost certain death if permitted to retain that standard more than a few hours, we must resort to treatment of the most heroic character in order to speedily reduce the temperature, if this can be effected. Third, if when we are called to the case the temperature has not reached an alarming height, it is requisite that we should adopt such measures as will have a tendency to restrain the animal heat within safe limits. Fourth, the necessity of accomplishing this object is equally indicated by our knowledge of the baneful influence which a high degree of heat exercises in producing, or in augmenting the cardiac complication. Another consideration which renders close watching of the thermometer imperative on the part of the physician, is the tendency that the temperature has to oscillate rapidly and unexpectedly. There will be a deceptive lull, only to be speedily followed by a perhaps fatal aggravation. A temporary and even considerable lowering of the temperature should not generate fallacious hopes of a permanent improvement, nor diminish the vigilance which those cases so imperatively demand. It is not the cases of acute rheumatism which present at the outset the most alarming symptoms that are eventually the most fatal. Not unfrequently we meet with cases in which the temperature for several days does not exceed 100 or 102 degrees—throwing the physician off of his guard—when a sudden aggravation of the febrile symptoms will be manifested, and on applying the thermometer we find that the heat has risen to 107 or 108 degrees, and a fatal result will be reached in a few hours. The death in those suddenly fatal cases is usually attributed to a rapid aggravation of the cardiac disease, but no doubt erroneously, as actual examination does not sustain the theory. In them we often find no aggravation of the heart symptoms, where disease of that organ had been present, and in other cases we cannot discover any indications of the presence of any cardiac complication at all. It is evidently the rapidly prostrating

Digitized by Google

influence which a temperature of 106 degrees or over exercises in this disease, that the fatal result must be credited to. Why it should be so, without the existence of any perceptible disease in any of the vital organs, as demonstrated by autopsical examinations of the most careful character, cannot be satisfactorily accounted for. It may possibly be owing to the great and rapid disintegration of tissue, which we know occurs in this disease, paralyzing the great nerve centres, and preventing the generation of sufficient vital power to enable the different organs to longer perform their functions. To Dr. Ringer must be accorded the credit of having first attracted the attention of the profession to the thermometrical phenomena of acute rheumatism, and to the vast importance of closely observing those phenomena. The obvious corrollary from this is, the necessity of frequently testing the patient's temperature, and the equally imperative necessity of making the most vigorous efforts to bring it down to such a standard as will neutralize the danger.

But while in acute rheumatism, a lower temperature than what can be safely tolerated in many other diseases, may indicate great danger, or fatal results, we find on the contrary that the pulse in this disease not unfrequently attains an altitude, which although not alarming to the experienced practitioner, would in many other affections indicate results of the gravest character. We must recollect, however, that the pulse is here usually rapid, even in cases which are comparatively mild, and which reach a favorable termination; much more so than it is in the average inflammatory or febrile disease; and, therefore, it is only its sudden and rapid rise without any marked aggravation of the cardiac symptoms accompanying it, that we look on with suspicion, or consider a dangerous omen. If we have a case of acute rheumatism uncomplicated with heart disease, in which the pulse attains a frequency of 150, very grave results are to be apprehended. On the contrary, if there should be heart or pulmonary affections complicating the original disease, the pulse may rise even higher than 150 without a fatal result ensuing. I have observed that the pulse, like the temperature in this

Digitized by Google

disease, is very capricious, the lapse of a few hours not unfrequently producing a talismanic change. A close observance of the two conditions which I have been dwelling on is very essential in this disease; perhaps sufficient attention has not heretofore been dedicated to them. I am aware how difficult it is for the busy general practitioner to examine the pulse or the temperature so frequently as the exigencies of the disease demand; but I am also aware that unwearied vigilance on the part of the attending physician, in these two respects, will sometimes save life, which might otherwise be sacrificed.

Before proceeding to discuss the treatment of acute rheumatism, I must make a few remarks bearing directly on the subject. It is I consider a matter of deep regret, that the broad and comprehensive line of demarcation, which at one time was followed in the treatment of different diseases, should no longer be specially observed. As a general rule inflammatory, irritative and congestive affections receive about the same modicum of treatment. Diseases important in themselves, and those which are unimportant, or comparatively so, are subjected to the same therapeutics. I do not mean that the same *agents* are used, but only that the same *force* is applied. Without charging the profession with being medical nihilists, I cannot avoid remarking on the tendency of the present time among physicians to belittle the powers of medicine. Because in some cases the *vis medatrix naturæ* can dispense with medical treatment, and because in some other cases medicine unfortunately is impotent to cure, the corrollary is drawn, that we can afford to tamper, or at least to temporize with every disease. This is a very unfortunate and mischievous delusion, but a very natural one, when we find men occupying high positions in the profession advocating such ideas, declaring, for example, that the masterly inactivity policy is the proper one to pursue in pneumonia, and refusing to believe, as so distinguished a physician as Bouillaud has done, that acute rheumatism could be cured in three days, by anything except a miracle. It is impossible to estimate the fearful amount of suffering which has accrued to the public, or how much injury to the profession

Digitized by Google

from the influence of these delusive teachings. Not only has incalculable mischief resulted from the *non-administration* of the requisite medicines, but also from their non-administration with a sufficiently *bold* and *vigorous* hand. The disease whose treatment I am about to enter on, affords a pregnant illustration of the entire truth of these remarks. Up to a very recent date physicians generally were skeptical as to the powers of medicine in successfully contending with, or even modifying its symptoms; now we are aware that we possess agents which are all but omnipotent in its treatment; and although its pathology is so little understood, no justification can be advanced for the neglect of its early and energetic treatment. There is perhaps no other disease, not of a strictly inflammatory character, in which time constitutes so important an ingredient as it does in this one; literally on the issues of a few hours frequently depends the safety or the death of our patients. I have remarked that the treatment of this disease has been almost wholly empirical, and it has also been varied to an almost *ad infinitum* extent. Every conceivable agency has been resorted to, from the mint water of Gull to the blood letting of Bouillaud, and in many cases with astonishing success. No thoroughly rational and effective mode of treatment appears to have been agreed on by physicians of the greatest eminence and experience, and one by one the reputed specifics, with their superimposed theories, have fallen before the tests of unbiased observation. Whether the latest remedy which has been suggested, and which is now on its trial, will stand the test more triumphantly than the many others which have preceded it, or like them will fall ignobly into the tomb of all the capulets, time only can determine.

The treatment of a disease is satisfactory in proportion to the accuracy of our knowledge of the abnormal conditions which are present, and which, so to speak, constitute it. The mystery which involves the abnormal conditions present in acute rheumatism, renders it difficult to eliminate any definite set of principles, to guide us in its treatment. The diseased phenomena are numerous enough, but cannot be readily or satisfactorily classified. A three-

Digitized by Google

fold division of them may be profitably made. First, there are largely increased tissue changes, and also probably extensive tissue disintegration. Second, we have restrained and otherwise defective, and also depraved and abnormal elimination. And, third, and most important of all, we have the sudden and rapid febrile reaction, probably of a special character, which is so conspicuous and so dangerous an element in this disease. It is to these three conditions that we must direct our treatment chiefly, and its success, as will be readily conceded, will depend in a great measure on the power we may be able to exercise over the last.

[TO BE CONTINUED.]

ART. V.—**Trachelorrhaphy in Private Practice.** By O. B. WILL, M. D., Dunlap, Ill. Condensed from a paper read before the Peoria Medical Society.

The subject I have chosen for the paper which I have the honor to present to the consideration of this Society this evening is, "Trachelorrhaphy in Private Practice."

It is my design to consider simply the various steps in the operative procedure, illustrated by a *bona fide* case, and therefore, although I may at some future time have something to say upon the subject of lacerations, in general, I shall now touch upon the pathology and symptomatology of the affection only where it is necessary to elucidate my subject proper.

The operation of trachelorrhaphy, for the restoration of the lacerated uterine cervix to its approximately normal condition, has been introduced to the notice of the profession within a comparatively few years, and is as yet practically known to but few outside the ranks of the gynæcological specialist.

It is not my design in this paper to attempt to unfold anything particularly new or startlingly original. My aim is simply to hold in as strong a light as possible some of the sources of discomfort and failure which lie in wait for the inexperienced operator. It is true, we have text books and monographs replete with instructions as to how to proceed in almost every conceivable surgical case, but, for all that, the tyro often finds an attempt to carry them out

Digitized by Google

fraught with trials and disappointments, arising from causes of the magnitude of which he never dreamed, and a correct appreciation of which seems to necessitate practical experience, or *at least* frequent participation in candid discussions of the causes involving the elements of success or failure.

Maintaining, therefore, that personal experiences, if honestly detailed, and as honestly discussed, are of unquestionable value to every thoughtful, earnest and progressive member of the profession, I hesitate not to present what I have to say upon my subject, in connection with such portion of the clinical history of a case under my care as bears directly upon it.

The case referred to was the first typical one which ever fell under my notice, and upon which I attempted to operate, and if I am able to present my experiences with sufficient vividness to lead any of my *confreres* to avoid some of the shoals, and suggest the avoidance of others, upon which my gynæcological reputation was nearly wrecked, I will be content.

My patient was one of those fastidious creatures with which we often meet, who decidedly objected to the presence of a second physician, and I was persuaded to undertake the operation simply with the aid of a couple of her female friends.

According to appointment, I repaired to the residence of the lady, five miles in the country. Her bowels had been cleansed the day previous by a full dose of magnesia sulphate, and one hour before my arrival by an injection of tepid water. I arranged my instruments on a chair, at one side of a north window, with bowls of hot and cold water, towels, per-sulphate of iron, and a five per cent. solution of carbolic acid in water, within easy reach. I drew a common breakfast table up to within a few feet of the window, folded a quilt to four thicknesses, which I placed on the table, and the patient upon that, on her back, her hips projecting slightly over the edge, her thighs flexed upon her abdomen and given in charge of a female friend to maintain steadily in place. As between the two positions, dorsal and lateral, I chose the former, and for several

Digitized by Google

reasons. In the first place, I was accustomed to placing my patients in that position for minor surgical purposes, and hence felt more at home, as it were. In the second place, the patient had absolutely refused to be placed under the influence of an anæsthetic, and I thought we might be better able to maintain her in position on the back than on the side; and in the third place, I could not but agree in opinion with Dr. J. R. Jackson, of Chicago, that in the dorsal position the uterus evidently has a tendency to gravitate toward the operator, while in the lateral the tendency is the other way.

I seated myself between my patient and the window, sufficiently at one side to admit of the light falling well upon the vulva, inserted the larger blade of an ordinary Sims' speculum, with it drew the perineum firmly back and placed the instrument in the hand of a second female assistant. I found, however, that the anterior wall of the vagina dropped back so far as to materially interfere with manipulation and view; and in order to retract it used a tongue depresser, which I happened to have at hand, giving it in charge of the disengaged hand of my second assistant. Being solid, even moderate pressure with it caused pain in the urethra, and I then introduced the free extremity of a wire speculum, which I had with me, and found it to answer a good purpose, when held with a firmness short of painful pressure against the pubic arch.

But another difficulty was now encountered right at the threshold of my operation, when I supposed I had previously provided against all contingencies in the case. Although the vagina was distended and sufficiently relaxed, and the uterine supports generally in a favorable condition, the blade of the speculum proved to be too long to permit the cervix to be brought within easy reach. To have the instrument held only partially within the vagina was out of the question with my untrained assistant, and I was obliged to proceed under this to me unforseen disadvantage.

The cervix presented to view was a somewhat enlarged one, as much as an inch and a quarter in diameter, soft and unirritated. The laceration was a bi-lateral one,

Digitized by Google

transverse, and complete on both sides. The rent on the right side extended up quite to the vaginal attachment to the cervix, and that on the left as much as one-quarter of an inch above it. The anterior segment was somewhat narrower and shorter than the posterior, and each presented to the other a full, rounded, convex surface, marked in its longitudinal centre by a pinkish, corrugated strip of mucous membrane which previously constituted the lining of the continuation of the cervical canal, and which was about three-eighths of an inch wide. The external margin of the lacerated tract was illy defined, the cicatricial covering having assumed much the appearance of the membrane covering the exterior of the cervix.

With a uterine syringe I threw upon the parts a few ounces of carbolized water, to cleanse them of the accumulated secretions. With the tenaculum in one hand I then drew down the posterior segment as low as I could get it, and with the other hand took a common flat needle, curved to a semi-circle and previously armed with a light silver wire, from back to front through its free extremity, at a point corresponding to what would be the centre of the cervical canal, and about one-quarter of an inch in from the end. The needle was then passed at a corresponding point through the anterior lip or segment, the wire drawn through sufficiently far to have about six inches of it projecting from both its entrance and exit. I then hooked a tenaculum over the central portion of the wire, between the lips, and drew upon it until it extended through the osteum vagina, and only about one inch of each extremity remained projecting from the cervix. With my fingers I was enabled to twist the ends upon the main portion sufficiently to fasten them.

As formerly stated, the needle which I used was an ordinary flat one, curved to the circumference of a circle an inch in diameter, and held in Emmett's needle holder. When I attempted to pass it I experienced great difficulty in placing it in such manner in the holder as to enable me to drive its point in the direction I wished; for, even when I elevated the handles of the holder as much as the capacity of the vagina would permit, the curve of the needle was

Digitized by Google

too short to allow its point to present in the desired direction. My needle with longer curve could not be turned in the vagina. Probably, if I had been able at the time to secure a shorter, longer curved, needle, and a *round* instead of a *flat* one, I would not have had the same difficulty, for it would probably have fitted snugly the depressions between the teeth of the holder, and enabled me to have held it at any angle I might have chosen. I think, too, that a round needle, fitting well in the holder, would not have been broken so readily as the flat ones, several of which I crushed before I got through. I have since observed, however, that others have experienced the same mishap with the round needle. I thought at the time that a needle bent at almost a right angle, and with the eye at the point, would answer a better purpose, and have since been shown one of that shape devised by Dr. Jackson, of Chicago, fixed permanently in a handle.

In thus passing a wire through the cervix, for the purpose of controlling its movements during further manipulation, I adopted the plan of Prof. Goodell, of Philadelphia; but if I ever have occasion to again perform the operation, I shall use silk instead, for reasons which will be stated further on.

The next step in the proceeding was to pare the edges of the segments and adapt them to each other. In order to avoid as much as possible interference from the blood which would necessarily be drawn and flow down over the lower or posterior portion, I proceeded to first denude the edges of the latter. I undertook to accomplish the work with a pair of blunt-pointed scissors, slightly curved on the flat, instead of with the knife. With the fingers of my left hand between the wires in the cervix I was enabled to separate and steady its segments very nicely indeed. With the scissors I readily snipped off a portion of the membrane covering the left margin, which was immediately followed by a copious flow of blood, sufficient to obscure the whole surface and put it out of the question for me to see where next to exercise my cutting propensities. With pieces of absorbent cotton I endeavored to soak away the blood, and four-fifths of my time was consumed in that way before I

Digitized by Google

succeeded in getting the parts pared to my satisfaction. I was obliged to snip off a portion, sop up the blood, and then hastily snatch up my scissors and get possession of another portion before the flow of blood would shield the parts from view. In such way I continued the tiresome proceeding until the edges of both segments were as thoroughly pared as I could hope to have them. The internal margin of the denuded portion coincided with the margin of the corrugated mucous strip, and the external as nearly as possible with the circumference of the normal cervix. From the angles of each fissure I removed a wedge-shaped piece of cicatricial tissue, which had formed in attempt by nature to repair the injury, and which very materially interfered with the close approximation of the segments. In this case there were no enlarged "shot like" nebothian glands present, of which authors speak.

At this stage of the proceeding I was almost tired out, and so was my patient and assistant; for, to add to our trouble, one of my assistants became faint at sight of so much blood, and I was obliged to depend solely upon the other. I wished most heartily that I had never seen the patient, and she probably entertained like feelings toward me. But I had gone too far to recede. I encouraged my patient and remaining assistant all I could, and bravely as possible proceeded to the task of inserting the sutures. I had intended using the silver wire, as most operators do, but in view of the tediousness of the operation hastily determined to risk the introduction of carbolized silk instead, after the plan of Dr. A. J. Skeene, of New York. I took a needle of the same shape and size as that used in passing the wire, and having armed it with the silk, clasped it with the needle holder at a point just in advance of the eye, and while I coapted and steadied the parts with the wires held in the left hand, with the right I pushed the needle from behind forwards through the posterior and anterior segment of the cervix, about three-eighths of an inch below the upper extremity of the rent on the left side, and about one-quarter in from its margin, so that the exit of the needle from the posterior segment and its entrance to the anterior would correspond to the internal margin of

Digitized by Google

the denuded surface. When the point of the needle emerged from the anterior segment I seized it with the needle holder, turned it out on a curve with the vaginal wall, and by it drew the suture down to the entrance of the vagina. The passage of the needle gave great pain, and the utility of having one with the eye near the point, can be appreciated, in its obviating the necessity of drawing the needle entirely through.

The next point was to fasten the sutures. I passed the ends in the usual way, and, having no assistant, proceeded to press down the knot with the sponge holder, held between my teeth. In this manner I succeeded in introducing a sufficient number of stitches (five on one side and four on the other) to very admirably, as I thought, adjust the wounded margins.

During, or just previous to, the tightening of each suture, I injected a syringe full of carbolized water for the purpose of removing all the *debris* which was liable to be present, and become entangled in the knot or fastened between the freshened surfaces. It might be well, right here, to remark that after my first assistant left the room, I maintained my patient in position by passing a sheet, folded, under her knees and from thence around her shoulders, having it drawn sufficiently tight to keep the thighs well flexed upon the abdomen.

When the stitches were all inserted I rinsed out the vagina with carbolized water, introduced well up against the cervix a pledget of cotton soaked in glycerine and bearing half a grain of morphia sulphate. Internally I gave the patient a couple of grains of quinia sulphate, with a little brandy, and opium enough to keep the bowels quiet, put her to bed and left her for the night, after having drawn the urine and given instructions as to the use of the catheter when necessary, until my return.

On the following day I found my patient resting comfortably, and she continued so, with the exception of the development of some irritability of the bladder on the third or fourth day, which was controlled by hot fermentations and opiates. The patient was permitted to evacuate her bladder in the natural way, after the third day, and a

Digitized by Google

cathartic was administered on the fifth. I did not, however, permit my patient to leave her bed until the seventh day. Twice each day the cervix was treated to a bath of carbolized tepid water, followed by the introduction of a tampon of absorbent cotton soaked in glycerine.

On the ninth day I removed the sutures with some misgivings, to find that the longer rent had closed entirely, while the other, on the right side, had united in only about half its extent from above downwards. I now noticed that the wire which I had passed through the point of the cervix had become "kinked" in such manner as to pry open the lips, as it were, and to that cause I ascribed in a measure, at least, the lack of union. In fact, more or less trouble had been experienced all along through the presence of the wire, for the reason that the portion projecting from the vagina was a constant source of irritation to the vulva, catching in the clothing and the like, and interfered with the introduction of the cotton tampons, during which latter process the wire was no doubt bent in the manner just spoken of. I would never again use the wire, but silk instead, for, although a point would be lost in its being less firm, it would permit of being pushed up within the vagina without producing any trouble.

I was now heartily anxious to complete the restoration of the parts by re-pareing the margins of the ununited portion and inserting the requisite number of sutures, but my patient was very loth to pass through another such trying ordeal, and I with difficulty persuaded her to permit me to insert *only one stitch* to hold the *points* in coaptation, while I would adopt some other means to insure complete union. I had in mind the ingenious device of Dr. O. E. Herrick, of Michigan, I think, as a modification of Emmett's operation, suggested in an article in the Philadelphia *Medical and Surgical Reporter* of a couple of years ago. It was simply the use of elastic bands instead of sutures, with which to hold the denuded parts together.

I placed the patient in the same position as before, pared readily the margins of the ununited portion, and inserted a silk suture, as formerly, in the free end of the cervix, about one-quarter inch from the end, and as much

Digitized by Google

from the side, passing the thread over the end in fixing the knot, so as to hold the parts together as closely and firmly as possible at their free extremity. My next step was to place over and around the central portion of the cervix a small elastic band, such as stationers and others use to hold small packages, for the purpose of maintaining the remaining portion of the denuded surfaces in contact. I made several unsuccessful attempts to throw the band over the neck, and finally succeeded in doing so by placing the band first over the folded blades of my Hunter's bi-valve speculum, then introducing the instrument into the vagina, opening the blades until the cervix dropped in between them, and then shoving the band off the blades with the uterine repositor. I had the satisfaction of being thus able to place the band just where I wanted it, like the hoop on a barrel, and after the second one had been applied in the same manner, the parts were coapted beautifully.

I again syringed out the vagina, introduced the cotton and glycerine, carbolized, and left the patient to be treated in the same manner as after the first operation.

In eight days I removed the sutures and bands, to find perfect union throughout.

ART. VI.—A Classification of the Causes, Dangers, Symptoms, Treatment and Sequels of Complicated Labors. By JOS. H. STITES, M.D., Belmont, Nye County, Nevada.

PRECIPITATE LABOR.

A hurried labor lasting much less time than the natural, it may terminate with one pain. It is caused by anything that increases the *forces*, or diminishes size of child, or renders the passage ample:

Causes.
- Referable to Mother.
  - To Her Forces.
    - Robust constitution.
    - Nervous irritation.
    - Muscular irritation.
    - Rupture of membranes.
    - Mental emotions.
    - Poisoning.
    - Eruptive diseases & albuminuria.
    - Ergot.
  - To Her Passages.
    - Large pelvis.
    - Soft parts much relaxed.
- Referable to Child.
  - Small child.
  - Premature, or otherwise.

Digitized by Google

Danger.
- Referable to Mother.
  - Laceration. { Perineum. / Vagina. / Cervix. }
  - Prolapsus uteri.
  - Inversion.
  - Inertia uteri.
  - Post partum hemorrhage.
  - Rupture of uterus.
  - Apoplexy.
- Referable to Child.
  - Compression. { Child, or Cord.
  - Rupture of cord.
  - Death from fall.

Treatment.
- Treat the causes.
- Recumbent posture.
- Competent attendants, opium, rest, etc. *Vide authors.*

Sequels.
- Puerperal mania.
- Prolapsus uteri, and consequently inflammation.
- Next labor more precipitate.

TEDIOUS OR TARDY LABOR.

A labor lasting longer than twenty-four hours, and due to causes interfering with the first stage: either with the *forces*, or the *passages*, or *child*—the great majority due to lack in uterine contractions:

Causes.
- Referable to Forces.
  - Over Distention of Uterus. { Liq. amnii. / Twins. }
  - Uterine Inertia.
    - Inherent.
    - Repeated parturition.
    - Uterine inflammation.
    - Gout, Rheumatism, and Neuralgia.
    - Precocious pregnancy.
    - Old age.
    - Warm climate.
    - Fatty uterine fibres.
  - Mental depression.
  - Anæsthetics.
  - Pulmonary diseases.
  - Tough membranes.
  - Double uterus.
- Referable to Passages.
  - Change in uterine axis. { Displacements. / Obliquity of neck.
  - Rigid os.
  - Anterior lip between head and pubes.
  - Premature rupture of membranes.
- Referable to Child.
  - Large head.

Dangers.
- Referable to Mother.
  - Powerless labor.
  - Post partum hemorrhage.
  - Retention of placenta.
- Referable to Child.
  - May suffer from uterine pressure if membranes are ruptured, and any difficulty exists in the neck of uterus.

Treatment.
- Remove the cause. Stimulate uterine contraction. Rest. Stimulants. Ergot. Food. Forceps.

Digitized by Google

OBSTRUCTED LABOR.

A labor in which an obstruction in the *passages* overcomes the power of the *forces*. Seen only in the second stage:

Causes.

- **Obstructions referable to the hard parts, or labor with deformed pelvis.**
  - A symmetrical small pelvis.
  - A symmetrical large pelvis.
  - Infantile pelvis.
  - Bony tumors.
  - Flat sacrum.
  - Fractures.
  - Dislocations.
  - Approximated tuberosities.
  - Approximated ischiatic spines.
  - Anchylosis.
    - Fixation of sacrum.
    - Oblique ovate pelvis.
  - Richets.
    - Sacro pubic diameter diminished.
      - Ovate pelvis.
      - Hour glass.
      - Cordiform.
  - Malacasteon.
    - Sacro pubic increased.
      - Oblong.
      - Oblong rostrated.
      - Cordiform.
- **Obstructions referable to soft parts.**
  - Occlusion of the os.(?)
  - Rigid os.
    - Inherent vividity.
    - Cicatricial vividity.
    - Cancerous.
  - Vaginal rigidity and contractions.
  - Perineal rigidity and contractions.
  - Cartilaginous hymen.
  - Ovarian tumors.
  - Polypi.
  - Rectocele.
  - Cystocele.
  - Impacted feces.
  - Diffuse swelling of soft parts.
  - Oedema labium.
  - Labial tumors.
  - Stone in bladder.
  - Labial varices.
  - Pudendal hæmatocele.

Dangers.

- **Referable to the Mother.**
  - Exhaustion.
  - Rupture of uterus.
  - Sloughing of passages.
  - Post partum hemorrhage.
  - Metritis.
  - Rupture of perineum.
  - Nevus arising from operative precedures.
  - Laceration of vagina.
  - Laceration of cervix.
- **Referable to the Child.**
  - Separation of placenta.
  - Pressure upon cord.
  - Pressure upon its body.
  - Pressure of head against bony prominences.
  - From operative precedures.

Digitized by Google

- **Symptoms.**
  - During gestation.
    - Early quickening.
    - Pedulous abdomen.
    - Non-descent of uterus, etc.
  - During Labor.
    - Same as powerless labor.
- **Treatment.**
  - Referable to obstruction in hard parts.
    - Premature labor.
    - Forceps, ante-post. diameter, 3 in. upwards.
    - Version " " " 2½ "
    - Craniotomy " " " 2 "
    - Cæsarian section under 2 "
  - Referable to obstruction in soft parts.
    - Evacuate fluid tumors.
    - Push up solid ones.
    - Overcome.

POWERLESS LABOR.

A labor occurring in the second stage in which the *passages* and *child* are not sufficiently disproportioned to cause an obstructed labor, but one in which with a normal uterine force delivery would take place: have only slight disproportions, can exist:

- **Causes.**
  - Referable to Forces.
    - Inherent inertia uteri.
    - Fatty uterine fibres.
    - Albuminuria.
    - Paraplegia.
    - Ascites.
    - Ovarian tumors.
  - Referable to Passages.
    - Pelvis a little smaller than natural.
    - Soft part not so readily passable as usual.
  - Referable to Child.
    - Head larger than natural.
- **Dangers.**
  - Referable to Mother.
    - Complete exhaustion.
    - Sloughing of soft parts.
    - Metritis.
  - Referable to Child.
    - Asphyxia.
      - Placental separation.
      - Pressure upon cord.
- **Symptoms.**
  - Restlessness.
  - Diminution in forces and frequency of pains.
  - Pulse rapid *in intervals of pains.*
  - Tongue dry.
  - Face dusky, anxious, eyes sunken.
  - Olive colored discharges from uterus.
  - Persistent vomiting.
  - Passage dry and œdematous.
- **Treatment.**
  - Never allow the labor to become powerless if it does stimulate uterine contractions and supply force.—*Vide authors.*
- **Sequels.**
  - Fistula.
    - Urinary, and
    - Fecal.
  - Atresia vagina.

Digitized by Google

ART. VII.—Treatment of Tinea Capitis. By J. T. STEWART, M. D., Peoria, Ill.

A great variety of treatments have been devised and recommended by various authors for this obstinate and disgusting disease. Perhaps if the recommendations of almost any of these authors are followed, it will in time result in a cure; but the cure is unnecessarily slow, and to follow the advice of some is positively barbarous. The disease, though manifesting itself locally, is undoubtedly constitutional; hence, while in its treatment we must not neglect local treatment, yet the constitutional treatment is the main thing.

The treatment, in this as in all other diseases, must be varied more or less to suit each individual case, but the principles of treatment are the same in all. The time required to complete a cure is ordinarily from one month to six weeks. Occasionally an old and obstinate case requires a longer time. For internal treatment the following are perhaps the most reliable remedies, and I place them, as I think in the order of their relative merits: arsenic, iodine, rhumex crispus, or yellow dock, and mercury. For external use, poultices, saline washes, iodide of sulphur ointment, or dilute citrine ointment. These means in my hands have invariably produced satisfactory results. As an illustration of their practical application, I take from the notes of St. Francis hospital the following case:

May W., aged five years, admitted October 14, 1881, had had disease three months—entire scalp crusted over with a very thick scab, with patches of same on face and neck. Directed the head to be enveloped in a flaxseed meal poultice, slightly carbolized, until the scab began to soften and loosen. Then directed it to be removed by piece-meal, as they could, without producing irritation, with a small pair of scissors cutting the hair underneath. As soon as any part was exposed it was well washed daily with a solution of sulphite sodæ, a drachm to the ounce of water, and then anointed with iodide of sulphur ointment. She was put on the following prescription:

Digitized by Google

℞	Iodide potassium,	1 drachm.
	Fowler's solution,	½ drachm.
	Fluid extract yellow dock,	½ ounce.
	Syrup sars. compound,	1½ ounces.
	Aqua pura,	2 ounces.
Mix.	Teaspoonful three times a day.	

At the end of a week there being no evidence of the constitutional effects of the arsenic, it was increased to a drachm, in which doses it was continued, with one or two intermissions, to the end of her treatment. On the 5th of November (three weeks and one day from her admission), she was removed, with only a few small spots of disease remaining. The treatment was continued, and at the end of two weeks more every vestige of disease had disappeared. Her general health was perfectly restored and all treatment discontinued. No depilation was resorted to, which is a painful and tedious operation, and never necessary.

Harry C., aged four years; visited the first of April last, found him in much the same condition, put him on same treatment, except Donovan's solution was used instead of Fowler's, and dilute citrine ointment (2 drachms to 6 drachms of cosmoline well rubbed together), instead of iodide of sulphur ointment. The latter ointment I usually prefer, and Donovan's solution is usually more efficient than Fowler's solution. May 1, he was entirely free from tinea, and his general health excellent.

Other cases might be cited showing the efficiency of this treatment, but it is unnecessary. The remedies must be varied to suit each case. There may be complications which will require other remedies. Every physician must in this, as in all other diseases, use judgment and discretion in the selection and application of means to accomplish his ends. No author can lay down a set of unvarying rules, which will apply to all medical or surgical cases. But a correct general outline of treatment may be of great service to the physician of judgment and discretion, and for those who have not these qualifications I do not think any rules, or any medical education, can ever make them successful practitioners.

Digitized by Google

Of course, to be successful in the treatment of this disease, most scrupulous cleanliness must be practiced, and the best hygienic rules observed.

I do not give this treatment as anything new or infallible. Others may have better methods; but I do say its results have been more satisfactory to me than any other which I ever tried. I make these remarks, hoping that some who have not been in the profession as long as I have, and who are annoyed and perplexed as I have many times been, may get some ideas which will be a relief to them and a benefit to their patients.

ART. VIII.—Asthma and its Treatment. By A. B. ALLEN, M. D., Jerseyville, Illinois.

Asthma is the symptom of an enlarged thymus gland pressing upon the pneumo-gastric nerve. It is quite frequent in children, as the thymus gland is large in infancy and childhood, and is gradually absorbed throughout life, until in old age it is almost entirely absent, hence the origin of the "child will outgrow it." In adult asthmatics we find this absorbing process of nature has either been tardy or supplanted by a deposit of fat in the mediastinum. This constant pressure can be borne without any perceptible inconvenience when there is but a normal nervous action required, but any violent exercise or sudden outbursts of grief, joy or temper is almost certain to bring on a paroxysm. In fact, any of the various causes that would affect the nervous system, either emotional or climatic, is sufficient exciting cause. Now, what are the first steps in the cure—relieve the rigidity of the glotis and the contracted intercostals and diaphragm. Sulphuric ether, a diffusable stimulant, narcotic and anti-spasmodic is indicated. Tincture lobelia and tincture stramonium control the respiratory nerves, and is thus specifically indicated to control the spasmodic circular contractions of the smaller bronchial tubes. Tincture opii, for its speedy anodyne action.

℞	Ether,		1½ ounces.
	Tincture lobelia,		1 ounce.
	Tincture opii,		
	Tincture stramonia,	aa.	½ ounce.

Digitized by Google

M. Sig. A teaspoonful every hour until nausea results. [NOTE.—This prescription can be varied according to the temperament and severity of the case.

Second, constitutional treatment; iodide potassium to produce absorbtion of the gland and fatty deposit; ammonia, general stimulant, expectorant, diaphoretic and alkaline; belladonna as an anodyne and anti-convulsive; cinchona, tonic, improve the general health and along with it restore the wounded trunk of the nerve as fast as the gland is absorbed. Hence the following:

℞	Iodide potassa,	2 scruples.
	Spirits ammonia,	5 drachms.
	Tincture belladonna,	1 drachm.
	Tincture comp. cinchona,	2 ounces.
	Aqua peppermint,	4 ounces.

M. Sig. A wineglassful three times a day.

Medical Jurisprudence.

Some Legal Responsibilities and Duties of the Medical Practitioner. By N. GRIER MOORE, ESQ., Attorney-at-Law, Peoria, Ill.

Without being technical, or going at all into detail, I venture to condense for practical use some of the duties and responsibilities which a physician or surgeon assumes, *nolens volens*, when he hangs out his sign.

The law assumes in every case that the practitioner understands his legal liability, and will not permit him to make ignorance of it a defense. It is important, therefore, to avoid the rocks, he should have a chart of the sea he sails. It is my object to give the general rules on such subject, and to pass over, at least for the present, the modifications, distinctions and exceptions. To make myself intelligible, I will keep the subjects, as nearly as possible, distinct and separate.

I.

The Practitioner Warrants to the Public that he is Possessed of the Amount of Skill and Learning that Ordinarily Characterizes his Profession.

The language of the Supreme Court of Maine, stating the law on this subject, is sufficiently definite for the purpose of such an article as this, viz.:

Digitized by Google

"This rule does not require that he should have the highest skill or largest experience, or most thorough education, equal to the most eminent of the profession in the whole country; but it does require that he should not, when uneducated, ignorant and unfitted, palm himself off as a professional man, well qualified, and go on blindly and recklessly to administer medicines, or perform surgical operations."[1]

II.

The Practitioner Must Keep Pace with the Advancing and Expanding Standard of Skill and Learning in his Profession.

It seems that not only is it most proper and profitable that he should follow the advancing and expanding standard of professional skill and learning, but it is his bounden duty to do so for his own protection. If discarded remedies be applied injuriously, it will be no defense that the practitioner was still ordinarily well skilled in his profession as it stood a quarter of a century ago. He must progress with it. It was said in a Pennsylvania case:

"In judging of the degree of skill in a given case, regard is to be had to the advanced state of the profession at the time. Discoveries in the natural sciences for the last half century have exerted a sensible influence on all the learned professions, but especially on that of medicine, whose circle of truths has been relatively much enlarged. And besides, there has been a positive progress in that profession, resulting from the studies, the experiments and the diversified practice of its professors. The patient is entitled to the benefit of these increased lights. The physician or surgeon who assumes to exercise the healing art is bound to be up to the improvements of the day. The standard of ordinary skill is on the advance, and he who would not be found wanting must apply himself with all diligence to the most accredited sources of knowledge."[2]

---

[1] *Patten* vs. *Wiggin*, 51 Maine Rep., 594.
[2] Lewis J. in *McCandless* vs. *McWha*, 22 Pa., St., 269.

Digitized by Google

III.

There Being Different Theories of Medicine, the Practice of a Physician is to be Tested by the Standard of the School to Which he Adheres.

This is on the principle that when a physician is called it is understood between him and his patient that his course of treatment will be based on the system of his school, and is, therefore, practically, a matter of contract.[3] It would be plainly unfair to submit to treatment by a homœopathist and then prove by an allopath that the remedies used were ill chosen and not able in any case to to cure.

IV.

If, in Practice, a Uniform Course of Treatment has been Settled Upon and Adopted in the Case of a Particular Disease or Injury, this Would be Held the Law of that Particular Case, and any Deviation from it would be at the Peril of the Practitioner.[4]

In an English case a surgeon of wide reputation and marked ability, experimented with an appliance of his own invention in the treatment of an injury, and, it proving onsuccessful, in an action for malpractice the court said in substance: "He who acts rashly acts ignorantly, and though the defendant be, in general, as skilful in his profession as any gentleman in England, he acted ignorantly, rashly and unskilfully, contrary to the known rules and usages of surgery."[5]

Surgery being to some extent a mechanic art, a case like the above could be easier ascertained and proved than in medical practice, but doubtless if a similar case of unsuccessful experiment in the prescription of medicines could be shown, the same result would follow. This might seem to some a severe rule, as handicapping the profession, but a thought of the possible result if the field were thrown open for experiments on the human body with treacherous and untried drugs, will show the propriety of the limitation.

[3] *Patten* vs. *Wiggin*, 51 Maine, 594.
[4] *McCandless* vs. *McWha*, 22 Pa., St., 269.
[5] *Slater* vs. *Baker*, 2 Wilson, 359.

Digitized by Google

V.

Practitioners Incur Considerable Risk by Giving Patients Erroneous Information as to the Nature of their Maladies.

The danger is readily seen upon an inspection of the following case: A surgeon was treating a diseased and swollen foot and ankle, and directed his patient to observe absolute rest. The patient disregarded his orders, and, as it turned out, his disease became worse, whereupon he sued his attendant for mal-practice. The defendant proved that the patient had disobeyed express instructions. This, the court held, would have been a good defense, as the patient is bound to obey the proper directions of his physician, but the patient contended that he had been misinformed as to his disease, but, if he had known the truth, he would have obeyed directions, and it was held by the court that that was a proper subject of inquiry, and might bear strongly on the question whether the patient had by his negligence contributed to the damage.[6]

VI.

If a Physician Carry Disease into a Family he is Liable for the Loss, Expense and Bodily Suffering that Results therefrom.

The rule as thus stated has not yet been elaborately discussed, and may hereafter be somewhat modified, but in a Kentucky case, where a physician sued for the amount of his bill, and it was decided that the patient might offset not only the value of the services made directly necessary by the physician's want of proper care, but also damages sufficient to reimburse the patient for his bodily suffering, expense and loss of time.[7] As an offset is practically a cross suit, it would doubtless be held under that rule that the patient might directly sue the physician and recover for the same items of loss and damage.

[6] *Geiselman* vs. *Scott*, 25 Ohio, 86.
[7] *Piper* vs. *Menifee*, 12 B. Monroe, 464.

Digitized by Google

VII.

It is the Physician's duty to Carefully Guard his Patient's Confidence and Secrets.

In a case which I recently saw, but which I am unable now to put my hand on, it seemed that a physician was called in an obstetrical case, and, his usual assistant being absent, took with him a young friend, not a physician, but whom he introduced as such. There was nothing to add aggravation to these simple facts, as I remember the case, but when the lady subsequently learned of the deception she brought suit against the physician for damages, and was allowed to recover, the court saying that the mere act of introducing a non practitioner into her room in such a case was a betrayal of confidence, a shock and injury to her feelings and a positive damage, for which she should be recompensed. It would seem that by the same rule a mere exposure of secrets learned in the confidential relation of physician and patient should be followed by like consequences.

There are many other legal rights and liabilities of physicians and surgeons, which I have now no space or time to mention. The above are general in terms, and subject, as I said at the outset, to modification and exception, yet are, as I believe, correct in substance, as the law now stands.

Clinical Lecture.

Notes. From the Dermatological Clinic of PROFESSOR J. NEVINS HYDE, Rush Medical College. Reported by W. C. BOWERS.

FIBROMA OR FIBROMA MOLLUSCUM.

First Patient. Charles P., aet. 40, weight 115 pounds, dark complexion, a broom maker by trade, married, one child; wife and child healthy; wife never miscarried; no bad hereditary history.

At the age of 14 patient noticed shortsightedness growing upon him, though he never saw double at any time.

Digitized by Google

This skin trouble began six months later by little lumps appearing in the skin. No part of surface is now exempt except the palms and soles. There is no itching or other uneasiness in skin at any time. His appetite is good, and he digests well. The trouble has not increased for past four years. Upon inspecting patient we find the whole surface of his body (except the above mentioned parts) covered with tumors from size of grape seed to the size of a marble, all covered by good healthy skin.; none, however, ulcerated or suppurated. The tumors are pedunculated or sessilated; distinctly firm when pinched; no dark, uneven or other marked points on the surface of the tumors. The lesions are less developed on back than other parts, and are markedly pedunculated on neck. Etiology of this trouble is obscure; said to occur in patients under weight, where lack of growth and innervation exists. "By knowing well the rare forms of skin disease the better are we able to diagnose the common forms."

This disease comes under the class of neoplasms, and is characterized by a new growth of fibrous connective tissue, and consists of multiple tumors of fibrous tissue springing from the corium. It is differentiated from molluscum sebaceum (also called molluscum contagiosum) by the tumors of molluscum sebaceum having a little well-marked point somewhere on their surface; and upon squeezing these tumors the pent-up sebum will pop out at the point on the tumor where existed the occluded orifice of a sebaceous gland.

Molluscum sebaceum shows small, reddish or pale-colored uniform tumors over face, trunk and thigh, and are not contagious any more than warts.

On examining this patient's eyes, strabismus and myopia existed, though not growing worse. This disease is strikingly frequent among negroes of America, rare in whites of America and not seen in the native African negro.

Treatment: *Cut them out.* But here they are numerous, small, not enlarging, cause no distress; patient is some age; improper innervation and bad nutrition, so cod liver oil and good diet are prescribed.

Digitized by Google

ECZEMA.

Second Patient. Man, æt. 72; weight about 150 lbs; fairly nourished; skin flabby, fat disappearing. Old age always brings on a certain amount of itching called pruritus senile. By scratching, this old gentleman had brought on an acute eczema upon the upper region of the back, also a patch on the flexor side of each elbow. A uniform, reddened, infiltrated, terribly itching surface. This had been irritated by a mercurial ointment.

No drug to be swallowed to cure an eczema. If any internal treatment it should be for general health. In this case now, which is subacute and of the erythematous variety, the treatment should be as follows: Stop all eatables liable to reflect irritation to skin; allow no more scratching or other irritant to the surface, as soap or ointments of a stimulating character—in short, remove all irritants, restore him to usual health, and the eczema will get well of itself.

Correspondence.

GENESEO, ILL., Dec. 17, 1881.

Editor Peoria Medical Monthly:

DEAR SIR: In your last Issue appeared an article of several pages in length By Dr ——— of Joliet Denouncing Pharmacists and especially those in this state in the most bitter terms.

The Best I can say of this article is that it is a well written misrepresentation from the commencement to the signature, and if you will kindly allow me the space in your valuable journal I will make a feeble effort to point out the things wherein the Dr errs. I find no fault with the Drs criticism of the Homeopaths for they deserve all he gives them and more,, and the best way to perpetuate their existence and prosperity is to be continually mentioning them in this particular "It gives them noteriety" go it Dr continue your exagerations and if you improve fast, after a little time no one will believe you and these

Digitized by Google

Homeopaths will have a liberal share of your business" a good way is to let them die naturally and unknown "as they are sure to do if left alone."

The Doctors attack upon pharmacists reminds me very much of the Irishman "who unable to get employment got mad and Drunk went Home Hammered his wife "who had for months Supported the family by washing" smashed her wash tubs and ended the fracus by burning the House there by biteing off his nose to spite his face, turning around and abusing his best friend because he was mad at some one.

Dear Doctor let me inform you that the first place an Inteligent man calls at be he a stranger in the city in need of professional Services is at a first class Drug store. He enquires for a first class physician... "How many Joliet pharmacists will recomend you after such an article" The reason is that he "the public" have confidence in the Druggist and His opinions upon such subjects or they would not ask them"

The Doctor next goes over the much discuss and disgusting subject. The proprietorship of prescriptions and leaves it about where he found it... But the fact that the Druggists do and will continue to retain the original prescription to protect them selves from the verious errors and numerous Bulls of the more numerous Hot House physicians is evidence enough that they are in the right and that the public are benefited and satisfied thereby.

the Doctor proposes to do away with the middle men "Druggists" and to convince his reader of their uselessness and Ignorance He throws much Insulting dirt. Now Dr let me tell you I am well acquainted with many medical men Have two in my own family and I know them and many more to be gentlemen. But take the average practitioner and there are more Ignorant Indolent and careless men in it "*I* mean Regulars men Holding Diplomas from regular schools" two to one than you will find among the pharmacists in this or any other State.. A pharmacist is obliged to be able to write at least before he can obtain a situation and not one Doctor in ten can do this very thing... Several instances have come under my observation where

Digitized by Google

farmer Boys with out one single qualification not even a common school Education took a notion to study medicine go to Chicago enter school and in less than 12 months 6 months each year. He comesback with a "Rush" Diaploma and understands anatomy Physiology, Hygiene, chemistry Botany surgery Toxicology and practice

and in fact is competent to practice medicine. While at the same time He can scarcely write his own name, much less write a legible prescription. Still in this Short Twelve months he has perfected himself in all these numerous branches and collected besides numerous formulaes "Original of course" a copy of which he is afraid to write fear Some Interloper will Steal it and Dose some one.

How do these Hot House MDs compare with the average pharmacist. He does not receive his education by faith or Inspiration no we has to commence at the bottom and work up,, four years aprentisship and then to graduate is required by the State law "after this" and if he takes other methods it requires still longer time and a final examination before the Board...

Why my Dear Sir are you not aware that in these days a pharmacist must know twice as much as the average Doctor He has not only to see that the prescription is properly compounded. To correct errors in Dose &ect and too without Seeing or knowing anything about the case and to guard against all the Emergencys liable to occur But to read and Interpret, some of the poorest of all poor Writing

He is asked the of the virtues of all the Different medicines in several Different Languages and is expected to give a Direct and truthful answer and if he fails to do this, will expose his Ignorance and His reputation will suffer. Consequently He must be educated for these imergences The facts are that if you ask an MD a question nine times out of ten he will give you an evasive answer. I speak now of the average practitioner= The Doctor Harps much upon the quacks.. Webster defines a Quack as a Boastful pretender of medical skill... With all due Honor for the many men of ability in the profession,,, men who would, scorn to stoop so low as to try to villify a sister profession

Digitized by Google

pharmacy.. "men who are Honest and without egotism" I, except But with these exceptions, the majority of these Hot House physicians Quack it more or less and in all probability those of this class who Quack it most make the most fuss and noise whenever they find competition in that direction How many MDs are there in this State that can Sit down and write an extmpo prescription original and all right as regards compatibility,, Dose, &ect very few the truth of which is a disgrace to medicine and an inconvenience to pharmacy

I Say they Quack it more or less they pretend to the public that they have a thorough knowledge of medicine yet when they wish to write a prescription They produce their Book of Formulaes gotten up by Napheys or Some other authority and copy a prescription verbatum collect their fees.

Whose Brains do you use your own as you pretend or the authors and at the same time you tremble lest some Druggist or Interloper as you call him will give this "your" prescription to some fellow that has the piles and cures him? perhaps the Druggists might have one of these Books of formulaes, and no doubt his copy of the prescription would cure the piles as soon as if you had a finger in the pie But thank Heaven the average pharmacist do not need this book if he wishes to get up a mixture for the piles he uses his brains and not the brains of some author and I have no doubt that one gotten up in this manner is as efficient as the one you copy from the formulae This in my opinion is quackery and of the worst kind. you take fees for a prescription that you borrow and tremble with fear that the Druggist will borrow it from you. In other words you write this prescription as the result of your own Study and observation when realy you are useing the Brains of some author as your own. what do you call this if it is not Quackery. you talk and write about science, and Druggists. "you get a case you guess at what is the matter of your patient,, you take your Napheys, and turn the leaves untill you come to the thing you have guessed, find a prescription & copy it. if it cures all right if not you

Digitized by Google

go through the same thing again until the subject Dies or recovers

you call this Diagnosis and a science But it is nothing but guess work you never give a posative prognosis. This is about the way the average MD practises medicine and it is no wonder to do this they need no more education you are not Sure what you are treating you cannot give a desicive answer upon anny subject pertaining to Human Ills any more than can the pharmacist "He" although I do not uphold counter prescribing can with out any more guess work treat a case as successfully as the average of MDs "from the Hot House" and I think more Intellegently if he understands his business. you all experiment more or less and the pharmacest is as good at this as you are yourself and have as good a moral right to do so.

Have you ever cured a case of "Phthisis pulmonalis" Did you ever cure a case of Triary syphilis.". Neither Did any pharmacist I cannot see but that the experiment is about as Successful in one Case as the other.

The Doctors Casts some Sarcastic reflections upon the State Board of Health and Sneers at the pharmacy Board. Doctor the State Board have not done much it is true but they have done as much as was possible for them to do with the amount of Co operation given them by the Regulars.. They have shut out some advertising Quacks. But there are numerous Quacks Holding Diplomas that they have failed to reach,,, as yet If any of them come into compotetion with you why dont you complain upon them to the proper authorities.

The pharmacy Board is in its Infancy. But it has the support of every good pharmacist in the State They have suceeded in passing a law that elevates pharmacy to its proper place Side by Side with medicine, and has Draun the proper line between the two professions by Shutting out and preventing physicians from conducting Drug Stores, hereafter, obliging them to attend to there legetimate practice, and in *this* me thinks I see the Direct Or indirect cause for the Doctors Sore head In conclusion let me say

Digitized by Google

if you labour under the huculation that the pharmacists of this state are all Idiots—you may with a few more such articles arouse them and find out too late your mistake

I am yours Resp

pharmacist

It is not our desire to take an unfair advantage of any opponent; neither will we do it in any case unless seemingly demanded by the nature of the communication. Our present correspondent is positive that a vast majority of physicians are so ignorant that it requires a highly educated druggist to watch over them in the public interest. How competent he is to perform this duty, or to criticise such gentlemen as the one he refers to, we submit to our readers. We give his letter *verbatim et literatim*.—[ED.

Book Notices.

Hand-Book of Uterine Therapeutics and of Diseases of Women. By EDWARD JOHN TILT, M. D., Past President of the Obstetrical Society of London, etc. Fourth Edition. New York: W. Wood & Co.; 1881. Cloth; 8 mo.; pp. 328.

The guiding principles of this work are summed up by the author in the preface, as follows: "Firstly, the paramount importance of female hygiene for the relief, cure and prevention of diseases of women. Secondly, the constitutional origin of many diseases of women, as well as the impossibility of curing them and preventing relapses, unless the treatment comprehends such measures as are known to favorably modify constitutional taints. Thirdly, the possibility of curing most diseases of women without surgery, by the application of old, familiar remedies, and sound hygiene. Fourthly, the utter impossibility of curing aggravated forms of the most common uterine affections unless surgery be combined with medicine and hygiene." These principles are faithfully kept in view; often, perhaps, too strongly conservative, and yet always honestly maintained. It is just the kind of a book that at the present stage of gynecological *furor* will be most likely to do much good. Many things might be severely criticized, if viewed by the

Digitized by Google

present rules of American gynecology; but its careful reading will be of benefit to every general practitioner who does anything in the line of uterine treatment.

A Treatise on Food and Dietetics, Physiologically and Therapeutically Considered. By F. W. Pavy, M. D., F. R. S., etc. Second Edition. New York: W. Wood & Co; 1881; pp. 402. The October volume of Wood's Library for 1881.

We know of no work which considers the subject of food so fully and so comprehensively as the one before us. With the increasing interest in the subject of hygiene and the prevention of disease, the matter of foods will assume a greater importance than has hitherto been granted it by the majority of practitioners. With this work within the reach of all, ignorance and negligence will no longer be excusable. Among all the valuable works of the Library for 1881, this volume, from the importance of its subject and the thoroughness of its treatment, will assume a high place. It is truly one which the progressive physician ought to be familiar with.

Periscope.

Smallpox—Cooling Treatment.

May 24, 1872, I was called to a young man who had been hired in Philadelphia to work on a farm only two days before. As soon as he reached his employer's home he complained of backache, headache, etc., and was unable to work. As the small-pox prevailed extensively that winter in the city, the employer suspected the case and I was sent for. I found him very feverish and in an eruption over his face and neck, and a red, heated state of the body. I diagnosed small-pox. The farmer and his wife were greatly alarmed and refused to have anything to do with nursing him; no one else could be got and so the whole affair devolved on me. I kept the windows open, had him covered only by one sheet, gave him freely to drink of cold water (spring water) and a teaspoonful of cream of tartar in a tumbler of water every three hours until it should purge him. It used to be forbidden to give even a laxative in measles or any other eruptive or pustular disease for fear it would prevent the appearance of the eruption or

Digitized by Google

pustules; I have no fear of that kind. During four days I continued this treatment without giving any food; then I began to give milk. Why did I not begin sooner? Because in this disease, as in many others where fever prevails, even the thought of taking food is disgusting. The time in which patients (febrile patients) loathe food, lasts but a few days, then there is tolerance of it and soon a pleasure in taking it. I was compelled by my desire to do my whole duty by this poor young stranger, to see him twice daily. Every morning after I began to give him food I had a quart of milk brought to me, of which I gave him a tumblerful, and directed him to drink all the rest during the day with plenty of ice water. At 6 P. M. I had another brought to him for the night. He was very full of pustules, but all went well, and on the 15th of June I paid my last visit and he was walking about the room. In all the time no person saw him but myself, save Dr. Leedom, who paid one visit to him, never having seen a case before. Not a particle of food entered his mouth but the milk. He arose from his bed free from disease and he has been perfectly well ever since. If I could have charge of one who had never been vaccinnated, but had been exposed to the contagion of small-pox, I would prepare him, by mild laxatives, a weak solution of Epsom salts, or teaspoonful doses of cream of tartar, in half a tumbler of water every four hours, or often enough to move the bowels, by a light diet and abstinence from all stimulating drinks. If this could be continued for a few days I would expect him to have a mild disease; but if I should not be called until the pustules had appeared I would, if the heat were great, use the same means —cooling laxatives, cold drinks, no food for a few days, cool sponging to the body or head, or both, if the temperature runs high, almost no covering, a good breeze of air blowing over him if the weather were warm.—*Hiram Corson, M. D., in Country Practitioner for September.*

Rectal Fistula.

Rectal fistula have been treated successfully by Mr. H. A. Reeves (*Med. Rec.*) by dividing the fistula in the usual way, scraping away all membranous and granulating tissue; dividing the remaining muscular fibre in the bottom of fistula; the edges are thereupon brought together and three deep silver sutures inserted, the edges brought out externally and tied. In a week the sutures are removed. —*Kansas Medical Index.*

Digitized by Google

Therapeutic Notes.

We select the following prescriptions for headache from a number collected from various sources by the *Hospital Gazette.—Med. News.*

URÆMIC HEADACHE WITH DEFICIENT RENAL ACTION.

℞ Potass. citrat., 1 scruple.
Spts. juniperi, 1 drachm.
Spts. æther. nitros, 20 minims.
Decoc. scoparii, 1 ounce.
M. Sig. This amount three times a day.

HEADACHE ASSOCIATED WITH GOUTY DIATHESIS.

℞ Liq. potass. ars.,
Liq. potassæ, aa. 1 drachm.
Tinct. colchici, 2 drachms.
Tinct. lavandulæ co., 3 ounces.
Aquæ pura, 6 ounces.
M. Sig. A tablespoonful in a wineglassful of water twice a day after food.

DYSPEPTIC HEADACHE WITH FLATULENCE, ACIDITY AND PYROSIS.

℞ Sodæ bicarb.,
Bismuth subcarb.,
Pulv. acaciæ, aa. 1 drachm.
Spts. amm. aromat., 2 ounces.
Syr. zingib., 3 ounces.
Aquæ puræ, ad. 8 ounces.
M. Sig. Two tablespoonsful three times a day, half an hour before food.

CONGESTIVE HEADACHE.

℞ Ammon. bromid., 1 drachm.
Spr. amm. aromat., ½ drachm.
Aquæ puræ, 1½ ounces.
M. Sig. To be taken on rising in the morning.

BILIOUS HEADACHE WITH FLATULENCE.

℞ Magnes. sulphat., 6 drachms.
Magnes. carbonat., 1 drachm.
Tinct. lavand. co., 3 ounces.
Aquæ menth. pip., ad. 8 ounces.
M. Sig. A sixth part to be taken early in the morning and repeated as may be necessary.

NEURALGIC HEADACHE WITH CONSTIPATION.

℞ Quiniæ disulph., 12 grains.
Acid. sulph. dil., ½ ounce.
Tinct. ferri perchlor., 2 drachms.
Spts. chloroformi, 2 drachms.
Magnes. sulph., 1½ ounces.
Syr. zingiberis, 2 ounces.
Aquæ, ad. 12 ounces.
M. Sig. Two teaspoonsful three times a day.

NEURALGIC AND NERVOUS HEADACHE MARKED BY GENERAL DEBILITY AND DEFECTIVE NUTRITION.

℞ Clacis hypophos., 80 grains.
Tinct. ferri perchlor., 3 drachms.
Quiniæ disulshat, 16 grains.
Strychniæ, ½ grain.
Spts. chloroformi, 2 drachms.
Syrupi, 1½ ounces.
Aquæ puræ, ad. 8 ounces.
M. Sig. A tablespoonful three times a day in a wineglassful of water

SPASMODIC DYSMENORRHŒA.

℞ Powdered valerian 3 drachms.
Laudanum, 10 drops.
Aquæ ferv., 8 ounces.
M. Sig. As a rectal enema in conjunction with baths and antispasmodics.—*Prof. W. B. Fonsgreves, of Paris, in Medical Gazette.*

APHRODISIACS.

According to Dr. Bartholow, the following are distinctly aphrodisiac combinations in functional generative debility:

℞ Ergot. extract. aquos., 1 scruple.
Sanguinariæ pulv., 2 grains.
M. For twenty pills. One three times a day.
Or,
℞ Tinct. sanguinar., 3 drachms.
Stillingiæ ext., fluid, 5 drachms.
M. Fifteen to twenty drops in water, thrice daily.—*Med. and Surg. Reporter.*

FOR CORYZA.

A writer in the *Union Med.*, recommends the following, at the commencement of a cold:

℞ Acid. carbol. cryst., 5 parts.
Alcoholis, 15 parts.
Liq. ammon., 5 parts.
Aquæ destill., 10 parts.
Let a few drops fall on blotting paper, and inhale at a distance, through the nose and mouth.

STYPTIC COLLOID.

The following instantly coagulates blood, forming a consistent clot, under which wounds will readily heal:

℞ Collodion, 100 parts.
Carbolic acid, 10 parts.
Tannic acid, 5 parts.
Benzoic acid, 5 parts.
Mix the ingredients in the above order.

Digitized by Google

THE PEORIA MEDICAL MONTHLY.

EDITORS:

DR. J. MURPHY, DR. J. L. HAMILTON, DR. H. STEELE.

THOS. M. McILVAINE, A. M., M. D.,

Managing Editor and Publisher,

204 South-Jefferson Street, - - - - PEORIA, ILL.

*** All exchanges, books for review, and communications must be addressed to the Managing Editor and Publisher.

*** The publication day of this journal is on or about the 5th of each month.

Editorial Department.

A Matter of Business.

Every one who is familiar with this journal will at once notice an enlargement of fully one-third in the number of pages. This number contains about sixty pages of reading matter, and nearly all original. Our proposition to the profession is this: "If a sufficient number of new subscribers are received before February 1st to warrant the continuation of this enlarged size, it will be done; if not, the next number will be of the usual number of pages." There are many ways in which every one can do his share in enlarging the journal. Speak to your friends about it, and in its favor; get them enough interested in it to try it a year; let every subscriber see that his renewal is promptly forwarded, and with it a dollar for a friend. Other ways will suggest themselves. The only thing remaining to say is, *will you do it?*

A New Medical University.

The rage for new medical colleges has spread even to Peoria, and it is whispered abroad that this city is to go far ahead of anything in that line in the world. No mere two or three term college will content its ambitious projectors; but a university in the broadest sense of the word. Each branch of the science will have a separate college. For instance, there will be the college of surgery, with 10 professors; one on clinical surgery, one for didactic surgery, one for operative surgery, and so on up to ten. Then there will be the college of obstetrics, with 12 professors to start with. In all there will be 22 colleges, with 300 professors in the regular course. The term for graduation will con-

Digitized by Google

sist of one year, or two terms, in each college, or 22 years to receive a university diploma. This may seem a long time; but we are assured that the diploma will be received in Europe and New Zealand. The number of lecturers and adjunct professors will be unlimited, so that every one who thinks he has a call to lecture can be gratified. The colleges will be built and the university endowed by contributions from those who desire professorships. The projectors are well aware that there is a sufficient number of ambitious men in the profession to fill all the chairs on these conditions and richly endow the university, and are only waiting an opportunity to come forward and sacrifice themselves for the cause—and a title. We shall watch the unfolding of this glorious scheme with interest, and notify our readers of all its important features as soon as they are sufficiently matured to be made public. The name of the university we are not yet at liberty to announce, as the copyright on it is not yet secured.

Notes and Echoes.

THE compliments of the season to each and every one.

SMALL-POX is becoming, if indeed it has not already become, epidemic in almost every part of the country.

DR. JOHN STOUT (Chicago Med., '79) has been elected County Physician for Peoria County for the year 1882.

DR. EDWARD MONTGOMERY (Jefferson, '78) was married at Quincy, Ill., on October 12th, to Miss Agnes Coxe of the same city.

"ARE you feeling very ill? Let me see your tongue, please." "It's no use, doctor; no tongue can tell how bad I feel."—*Boston Transcript.*

PROFESSOR in Quiz: "What do you understand as a plastic operation?" Student: "Why—why—I think it is an operation with plasters."

SMALL-POX has caused Keokuk's Medical College to be closed for a time. It is said that a small-pox "stiff" was shipped in, from which over forty students have been infected.

Digitized by Google

"WHAT a fine protuberant forehead your baby has, Mrs. Jones! Did he get it from his father?" "No," replied Mrs. Jones, "he got it from a fall down stairs."—*Boston Transcript.*

DOCTORS were humorously compared by Addison to the army of ancient Britons described by Julius Cæsar: "Some slay on foot, and some in chariots; but those in the chariots do the most execution."—*Lancet and Clinic.*

THE Fijian term for doctor means, "Carpenter of Death." An English doctor among them is trying to substitute a new term, meaning "Man of Life."—*Investigator* To use Pat's phraseology, he had better leave before he stays too long; *i. e.*, before they find him out.

RUSH MEDICAL COLLEGE has over 500 students. The University Medical School of New York, has over 600; College of Physicians and Surgeons, N. Y., over 480; Detroit Medical College 35; Michigan College of Medicine, Detroit, 70; University of Michigan, Medical Department, 365; Medico-Chirurgical College of Philadelphia, 28.

THE Board of Supervisors of Peoria County have decided to build an extensive addition to the County Poor House, for the accommodation of the insane charges of the county, of which there are now sixty-six. We suppose they know all that is necessary to be known upon the subject; since upon inquiry we have not learned that any physician has been consulted about the necessary arrangements of such a building.

MR. ADDISON, in the House of Commons, three times attempted to make a speech upon an important question, and each time began as follows: "Mr. Speaker, I conceive," and stopped. This occurred for a third time, when a witty member arose and said: "I regret exceedingly that my friend has conceived three times and yet has brought forth nothing. It is a manifest case of false conception."—*Obstetric Gazette.*

BE positive. Nothing is worse than a vacillating physician, whom each notion, each whim of the patient, each suggestion of nurse or family affects. Blown hither and thither by every breath, incapable of taking a broad view of the case, his treatment soon becomes as irresolute as himself, and directions and bottles accumulate with bewildering rapidity. The fewer drugs that are used the better; the greater the decision with which drugs are used the better.—*Da Costa.*

Digitized by Google

GRAVE charges of neglect and mismanagement have been preferred against the retiring warden and officers of Cook County Hospital, in Chicago.

THREE double-dipped points of non-humanized virus to every new subscriber. Here is a chance to make the journal free and money besides. Send in your names.

WE can state by authority that none of the late President Garfield's medical attendants have rendered any bill for services. They will leave the whole matter to Congress, and whatever pay they will receive will be in the nature of an *honorarium*.

WHAT the profession needs at present is to put down the brakes on specialism. We notice the appointment of a very worthy physician in an eastern city as "Neurologist. of the Hospital," which title he assumes when writing as an author. "Cannot some other specialties be created to give positions to other aspiring gentlemen?" Why not have a *Pneumatologist*, to attend to the lungs; a *Thermatologist*, to observe temperature; a *Narcotizer*, to see that patients sleep well; a *Defecator*, to attend to their bowels, etc.?—*Pacific Medical Journal.* Just wait, gentlemen, until the new university mentioned elsewhere is ready for business. It will provide for all this work, and some not yet even dreamed of.

Receipts for December.

In the future we will print each month on this page the names of those to whom formal receipts have not been sent:

ILLINOIS.—Drs. N. F. Felker, E. R. Boardman, B. Curti, G. W. Remage, F. C. Gay, J. H. Hull, J. H. McGhee, F. J. Patera, R. B. Ray, E. S. Adams, W. L. Kreider, Jno. I. Skelly, E. E. Welborn, F. Potts, F. A. Darling, H. Wardner, F. P. Anthony, Samuel Kelly, Wm. Dillon, F. S. Maschek, J. J. Thometz, R. D. Bradley, Green Hill, H. W. Hewett, W. D. Nelson, A. H. Kinnear, J. Lee, R. J. Law, J. L. Hoover, S. R. Youngman, E. O. F. Roler, R. F. Henry, E. O. Boardman, P. Sattler, B. Ragon, M. Enright, C. F. F. Stringer, S. Cravens, G. A. Wilson, G. L. Toel, F. Drude, W. E. Haines, T. H. Fleming, W. H. H. King. IOWA.—Drs. F. L. Hinsdale, S. N. Bixby, H. N. Sill, M. I. Powers, D. C. Mather, M. Thornwell, H. H. Hunt, A. O. Strout, G. C. Wallace, W. F. Graham, L. L. Dexter, S. J. Starr, B. F. Hyatt, M. C. Connett, E. Brendel. MICHIGAN.—Drs. H. Erichsen, A. Garwood. MINNESOTA.—Drs. W. H. Smith, R. L. Moore. ARKANSAS.—Dr. E. Visart. DAKOTA.—Dr. G. W. Nuckols. WISCONSIN.—Drs. A. A. Maurer, C. W. Stoelting, J. S. Graham, W. H. Earles, C. H. Frost. MISSOURI.—Dr. J. Seevers. INDIANA.—Drs. G. W. Carpender, R. Burns. COLORADO.—Dr. C. B. Richmond.

Digitized by Google

Some Things That May Interest You.

THE attention of the medical profession is directed to the liberal offers made on advertising page 247. They are worth considering.

LACTOPEPTINE.—Every physician knows what lactopeptine is; has prescribed it, and we venture to say would sooner attempt to do a general practice without *calomel* than without this invaluable medicine. The New York Pharmacal Association continue to manufacture and sell it as pure and good as ever.

NEW AND RARE DRUGS.—Messrs. Park, Davis & Co., of Detroit, Mich., are the largest dealers and manufacturers in the line of new and rare drugs and pharmaceuticals. This immense house has done more in the way of introducing new remedies than any other house in the United States. Our space would not allow us to give even the half of the names of important and valuable additions to our remedial agents brought to our attention by this energetic firm. Their preparations are sold and used all over this country, and largely in foreign countries.

OF late years the cod-liver oil emulsions have found a formidable rival in the shape of the *Malt Extracts*. There are two which are now prominently before the profession, and first—

The *Trommer Extract of Malt*, manufactured by the Trommer Extract Malt Co., at Fremont, Ohio, has been so long and favorably known to the profession that it scarcely needs any additional testimony in its favor. In the cough of consumption it plays an important part. We have seen most obstinate coughs relieved by it, acting not only as a food and constructive, but *per se* a sedative to the irritable air passages.

Maltine is another of the malt preparations which now occupies an enviable position as a remedy in consumption, and other diseases dependent upon malt nutrition. Messrs. Reed & Carnick, of New York, are the manufacturers of maltine. As a constructive it is one of the best. In debility, consumption and other wasting diseases, it supplies the place of cod-liver oil in many cases, and in many more is far superior to cod-liver oil, as it is not at all likely to derange the digestive organs.

DR. J. L. COLLINS, of Guilford, Indiana, writes to the Powell Manufacturing Co., Baltimore, under date of December 20, 1881, as follows: *Gentlemen:*—I feel it my duty to send this communication, although unasked. About two years ago you sent me at my request, a trial bottle of your Powell's Beef, Cod-Liver Oil and Pepsin. Since that time I have been using it continuously in a large country practice, where coughs and consumption prevail extensively, and in summer cholera infantum is very prevalent and hard to manage. This summer past I had a great many cases of summer diarrhœa and cholera infantum. Where the ordinary remedies totally failed, they recovered under the use of your preparation. After using and prescribing more than six dozen bottles of your Beef, Cod-Liver Oil and Pepsin, I have yet to find a single patient whose stomach would not tolerate it after the third dose. I feel that it is not an extravagant expression, when I say that I believe it is of more value to the general practitioner as a general tonic, than all the so-called tonics known to the materia medica combined, especially in dyspepsia, nervous debility, intestinal catarrh, bronchial catarrh and consumption, and many other diseases.

Digitized by Google

THE PEORIA

MEDICAL MONTHLY.

VOL. II.——FEBRUARY, 1882.——No. 10.

Original Communications.

ART. I.—Clinical Contributions to Electrical Therapeutics. PAPER No. III. By ROMAINE J. CURTISS, M. D., Joliet, Ill.

VASO-MOTOR DISEASES OF THE BRAIN.

The following series of cases illustrate some very interesting verifications in biology and therapeutics, among which I may mention the transmission by hereditary descent of even the most complex peculiarities of nerve structure and function, the correlation of nerve centre cells, and the muscle and other cells of organs which receive the nerves from diseased organs, and the consequent possibility of cure of diseased nerve centres by action of the electric current upon the paralyzed muscles, or anæsthetised surfaces which are sequences of nervous disease. The cases are also of interest as relating to the localization of brain diseases, from the sequences in symptomatology, and the aids afforded to diagnosis by electricity.

Case 1.—When I saw this lady she was past three score and ten, and had suffered hemiplegia three years before; the right side being affected. The arm had entirely lost motion, the hand was contractured to the extent that the fingers were imbedded in the palms of the hand, and both hand and arm were destitute of sensation. The atrophy of the arm, however, as indicated by its comparative

Digitized by Google

circumference, was not marked. The muscles of right side of spine and body were capable of little action, and had more sensation (electrical), and more atrophy than the arm. The lower extremity was more sensitive, more atrophied, and less paralyzed than the arm; the extent of motive power being limited to extension and flexion of thigh upon the hip. The foot was strongly inverted upon the leg, the outer side occupying the position relatively of the sole. The electric sensibility at first with a faradic battery was absent, and on trial the same held true with the galvanic current, both constant and interrupted. After three months treatment by galvanic current the muscles of arm, side, and lower extremity reacted equally well to both galvanic and faradic currents, provided the galvanic current was interrupted, which determined the location of disease to be the brain.

In addition to paralysis as detailed, the patient had also amnesic aphasia. She could get no ideas from words, either printed or spoken, nor could she express herself in words or by writing. She tried to write with left hand, however, and was right-handed.

The clinical history developed that the paralysis came on very gradually, and began in her toes and fingers—the organs of most complex movement, and in three months time the lower extremity, side muscles, and arm were useless. This history excluded hemorrhage, and, as I thought, also, excluded embolism, particularly as there was no sign of valvular heart disease. The history, however, revealed that she had for several years previous to the development of paralysis, been subject to severe attacks of migraine on the left side, which had left her since she became paralyzed.

From these clinical facts as detailed, I believed the patient's disease to be sequent upon nutritive changes in the cerebral cortex of the *aphasic organ* (if not the organ of speech), or that portion of brain bounding the third convolution, and that the nutritive changes were caused by long continued vaso-motor changes, or migraine. I do not think that either the paralysis, the brain nutritive changes, or the migraine, vaso-motor changes of vascular tonus afforded the antecedent to the other phenomena respect-

Digitized by Google

ively. These were also sequences of the real cause, for the reason, if no other, that the vaso-motor affection, with its cause, was transmitted to her children and grandchildren, and she did not have migraine until years after her child-bearing period. I was satisfied in this case to locate anatomically, and in physiological and pathological order of sequence, this series of phenomena without any attempt to solve the great antecedent of them all—the nerve cell, molecular changes of arrangement and function which was transmissible by heredity.

The treatment of this patient was by faradic electricity, and was begun in the hope of enabling her to walk. A club foot shoe was obtained for the foot, and the current from a two-cell faradic machine was applied to the paralyzed muscles three times a week for nearly one year. There was not much expected from treatment of the arm, nor were there any disappointments or surprises from this source; the arm yet remains as I found it. In three months from beginning of treatment the patient could walk, and in six months she had good motion of muscles in lower extremity, and the muscles were well developed, the circular measure showing them equal to the other side. The spinal and other muscles of the body were restored, and the sensation of the hemiplegic side, except the arm, was nearly as good as ever. The treatment was continued beyond this time with the hope of restoring the arm, and for the further reason that her general condition seemed to improve. In about eight months there was evident improvement in direction of the aphasia. She apparently could understand what was said in her hearing, and was occasionally seen looking at the newspaper. Before the year ended she could read, talk and understand again the meaning of language. This occurred four years ago, and the patient has suffered no relapse either of sensation, motion, speech or understanding.

The restoration of the brain lesion in this case, the seat of which was associated with the cerebral cortex of the third frontal convolution, and the sequences of which were amnesic aphasia and hemiplegia, was brought about by the faradic current applied to paralyzed muscles, an im-

Digitized by Google

portant fact clinically, and interesting biologically, as showing the relation of the nerve cell and the muscle cell.

Case 2.—Miss M., a grandchild of the former case, was, when I saw her, twenty-four years old, and had been an invalid about five years. Her clinical history showed the record of vaso-motor migraine, periodical in character, during this time as the subjective symptom. The sequences of this series of painful attacks were neuralgias of various nerves on right side of body, and slight atrophy of certain muscles of hand and arm, leg and foot, with corresponding anæsthesia. It is noteworthy that the brain and nervous and muscular affections were on the same side. The attacks of migraine came on at first in mild form, gradually increasing in severity. They bore no relation to any bodily function relating to digestion, menstruation or state of mind; but their relation to external meteorological conditions were definite and marked, as a series of experiments fully verified. After the attacks of migraine had lasted a year or so, she began to have pain in the great toe, which was more or less constant, and varied in intensity only with changes in the weather. This pain extended up the inside of the leg nearly to the knee, and the surface on the inside of the foot and leg was numb, and even while suffering most intense pain she could not feel a prick of the skin or the faradic current from a two-cell battery over these portions of surface. Shortly after this the same condition developed in the right thumb and arm. The motion of thumb and hand, foot and leg, was not impaired. Her attacks of migraine, as I saw them, would begin with vertigo, lasting perhaps five minutes, when the pain would begin, and the attack would continue, with apparent horrible severity, for several hours. During the attack the temporal artery on the right side could be seen much enlarged, and the feeling of tension by pressing it with the fingers was very great. She had learned that compressing this vessel would relieve her in part, and generally maintained pressure of this kind.

This lady had been treated (for neuralgia) by means of the electric baths, with benefit, by a physician in Chicago, before I saw her. I treated the affected side with the con-

Digitized by Google

tinuous current of galvanism for two months without benefit. During this time I tried various methods to relieve the attacks of migraine. I could relieve her to a limited extent by passing the current through the brain, but the pain would return. I next tried amyl, nitrite, in part to determine the vaso-motor condition, with serious results relating to pain. I began next with chloroform, and found I could always stop one of her paroxysms in a minute's time, and with only a few drops of chloroform, the inhalation of which would be followed by a few minutes of laughing delirium, and then by sleep, from which she would waken free from pain.

The patient was fed on cod oil, quinine, phosphorus, and iron. She was *brominized.* She took Sequard's pills for neuralgia, and I gave her canabis indica as recommended by Seguin for migraine, and I used galvanism. The patient, when I saw her, had lost her appetite; the seasons following—fall and winter, were stormy, and during this time I made interesting observations on the relations of storm and pain. I began to suspect a tumor of the brain, examined the fundus of the eye with the ophthalmoscope, tested the vision with trial sights, but the only sign or symptom relating to the eyes was double vision, which would sometimes follow an attack of the migraine, lasting an hour or two. Being unable to satisfy myself of the existence of a cerebral tumor, I attributed the failure of all treatment to the fact that patient was in poor blood, had poor appetite, and worse nutrition, was emaciated and living in a malarial town. Arrangements were made for a visit to the sea shore at New York City, and I gave her letters to two of the very eminent specialists in nervous and mental diseases. She consulted one, who suggested tumor of the brain, and she went to the other, whose diagnosis was "cerebral hyperæmia," and who gave her corrosive sublimate. She remained at the watering places during the summer, with the result of great improvement in general health. She came home in the early fall, twenty pounds heavier, but with the same migraine and pain, and numbness of extremities of right side. I expected to soon work a cure in her case by aid of galvanism, but she had a letter

Digitized by Google

from her New York specialist, to whom I sent her, to a specialist of like ilk in Chicago, to whom she went, and I lost the case. I, however, had interest enough to watch results, and found she was again taking cannabis indica according to Seguin, from a new prescription. In a short time after this she returned to the electric bath establishment, where she was successfully treated, so that after the lapse of a year she considers herself cured; the attacks of migraine have ceased, and so has the pain in the foot and hand. There is, however, yet remaining a slight deformity of the foot from atrophy of muscles, without paralysis.

In the electric baths I learned that the galvanic current was used; that little if any electricity was applied to the head, and that the results were the same as in Case 1, relating to the cure of brain disease by electrical action upon the periphery. I think the treatment by electricity would have done as well without the bath, under other like conditions. The patient stated to me that an attack of migraine could always be aborted by an electric bath, and that the bath would always, for several hours, stop the pain in the foot and hand.

Case 3.—Miss —, aged eighteen, another granddaughter of Case 1, and cousin of Case 2, inherited the same neurosis, with somewhat different manifestations. She returned from a term at school with symptoms which now go by the name of neurasthenia. In a short time afterwards she began to have periodical attacks of pain in the head, which affected principally the eyes and fifth nerve. She soon had neuralgia of nearly every sensory nerve, affecting different nerves at different times. Her spine was tender, general surface hyperæsthetic, the special sense organs irritable, notably her hearing, which was abnormally acute. This condition of neuralgia, with periodical vaso-motor headache, continued for three or four months, the therapeutics being entirely medicines, and she took Sequard's pills, bromide of zinc, in increasing doses, phosphite of zinc, iron, quinine, arsenic, strychnine, and cod liver oil.

At the end of this time I began to use the galvanic

Digitized by Google

current, after the method of Beard and Rockwell, which is termed by them central galvanization, and I also galvanized whatever nerves happened to be at the time neuralgic. I never saw a case which better illustrated the fact that the galvanic current has power to stop pain. Her attacks of migraine could always be stopped in a few minutes, as could pain in any other nerve. The galvanic treatment was continued for about six months longer, when the patient was considered cured. Since then she has had a few attacks of neuralgia and migraine, always following over-excitement or want of rest.

Case 4.—Master —, aged twelve, brother of Case 3, cousin of Case 2, grandson of Case 1; had suffered when I saw him about three years with a vaso-motor affection of brain. This case differed from the others in being free from pain, and somewhat resembled attacks of hystero-epilepsy. His general health was good, and his only constant trouble was the fear of his "spells." These spells were not epilepsy, for there was no unconsciousness or convulsion. There were, however, periodical attacks of vaso-motor paralysis of sudden onset, lasting only a few minutes, during which his consciousness was not abolished, but perverted. From long observation and some experimental study of his case, I diagnosed a disease of that part of the cortical area of the cerebrum which lies anterior to the motor regions as mapped by Ferrier, Heitzig, and others, and which is the physical substratum of consciousness. That the condition was due to vaso-paresis, and consequent hyperæmia, I demonstrated by the inhalation of nitrite of amyl and chloroform. The amyl inhaled during one of his spells would prolong the attack correspondingly to the amount inhaled, while chloroform would instantly stop the spell. Close questioning failed to elicit the clinical history of subjective *aura*, or any other conscious premonition. The attack, as he described it, from its subjective side, was an affair of the consciousness. He had no definite delusions, but the perversion of consciousness seemed to be confined to the primitive feelings, and perverted the bodily sensations of himself, or the feel-

Digitized by Google

ing of self-consciousness, or consciousness of self. Outside of consciousness the disease reached, on the subjective side, the emotions; he would scream with terror, of which he was vividly conscious, but never had pain in a nerve of sensation, or was there ever a motor spasm. I regarded the case as being the very opposite, subjectively and objectively, to the condition of epilepsy.

This patient was treated for some time by central galvanization. He was *brominized* until he was nearly paralyzed by the potash or bromine, or both. He took ergot, and ten drop doses of Fowler's solution, until the specific effects were very plainly apparent. He took phosphorus and zinc. I attributed his case to the administration of chloroform during the paroxysm, which was repeated three times, after which he never had but one or two severe attacks. He remained, however, in a mental condition of terrorism for a year, with only one attack of his paroxysm, during which time he continued the use of bromide of zinc in increasing doses. The patient has remained well for three years.

Case 6.—Mr. —, son of Case 1, aged forty-five, unmarried. This gentleman when he reported to me, had been under the electric bath treatment for several months, for a throbbing sensation in his head, affecting the anterior portion of head on the right side. If such a thing could be possible, this patient had the subjective consciousness of vaso-motor paresis and cerebral hyperæmia. He declared that he could feel the beating of the over-distended blood vessels in the brain, which at times seemed to him to be lifting the top of his skull from the inside with every heart beat. Subjectively, pain in this case was not a notable symptom, but the mental action was clouded, and his mind "confused," as he expressed it. He had pharyngeal catarrh, and the Eustachian tube phenomena relating to air pressure, etc., caused him great trouble. A sudden entrance of air into the tube, with the unpleasant subjective sensations, would give him a mental shock at times, which he believed was a premonition of a "stroke" of paralysis. This gentle-

Digitized by Google

man was cashier in a bank, and could not be persuaded to forego the daily mental drudgery of adding long columns of figures. The treatment by galvanism was abandoned for lack of opportunity. The patient was *brominized* until his legs would scarcely carry him, without the least effect on the cerebral hyperæmia. In fact, in all these cases, as well as in all other similar ones, the bromides were utterly useless. Ergot was tried, but abandoned on account of sequent indigestion. Citrate of caffein, phosphorus, digitalis, strychnine, arsenic, quinine, were used without avail. There was at one time during the treatment a marked improvement. The back of the neck was cauterized with the white hot iron, and the galvanic current passed through the brain—strength of fifteen cells, which was repeated three times a week. This method was inconvenient to the patient, and I recommended a trip to Colorado, where he went, and when an altitude of 6,000 feet was reached his vaso-motor affection was cured. He remained there a month, in the enjoyment of being without the painful consciousness that he had a head; but when he returned he resumed his usual business routine, with the effect of returning his cerebral hyperæmia, though to a less extent. My error in the management of this was to attempt a cure without demanding entire rest from his labor as a bank cashier.

These cases verify the hereditary transmission of a condition, which must be structural, of the nerve cells, the sequences of which in the present terminology, are vaso-motor paralysis, hyperæmia, inflammatory structural changes, pain, paralysis, anæsthesia and perversions of consciousness. Not one of these words, expressive of corresponding conditions, gives any idea of the real antecedent condition which gives origin to them, and to which they all stand in the relation of symptoms.

Biology is a more complex science than physics and chemistry, which have a terminology, founded on the structure and function of the molecule and atom. When this point is reached in biology, "medicine" will have the position, honor, standing and terminology of a science.

Digitized by Google

ART. II—Balm of Gilead—Plantain. By W. V. GRIMES; M. D., Milton, Pike County, Ill.

Pinus Balsamea. This is the *American silver fir*, or *balm of Gilead tree*, inhabiting Canada, Nova Scotia, Maine, and the mountainous regions further south. It is an elegant tree, seldom rising more than forty feet, with a tapering trunk, and numerous branches, which diminish in length in proportion to their height, and form an almost perfect pyramid. The leaves are six or eight lines long, inserted in rows on the sides and tops of the branches, narrow, flat, rigid, bright green on their upper surface, and of a silvery whiteness beneath. The cones are large, erect, nearly cylindrical, of a purplish color, and covered with a resinous exudation, which gives them a glossy, rich and beautiful appearance. It is from this tree that the Canada balsam is obtained."—*U. S. D., 13th edition, pp. 862-3.*

Dr. J. A. Reagan, in May number *Medical Brief*, 1881, p. 296, reports the cure of a case of cough following measles, with a "strong decoction of the balm of Gilead buds, sweetened with honey, every night on going to bed." In every case of measles he gives the tea when the first symptoms appear, and continues until the patient is well, and has never had a cough follow a case thus treated.

Dr. George S. Everts says (*Medical Brief*, Jan. 1882): "A son told me his own father was confined to his bed with 'phthisis pulmonalis' (tuberculosis), and raised daily a common pail ordinarily full of tuberculous matter, and was cured by tincture of balsam of Gilead buds, which ought to be more used in lung diseases."

In a pamphlet entitled "The Helping Hand," I found the following: "Balm of Gilead buds steeped in spirits—excellent for bathing wounds."

An old gentleman not long since told me that he had cured himself of piles by making an extract of the balm of Gilead buds, and preparing an ointment of it with fresh hog's lard." He added that by using some common yard plantain its virtue is augmented, or, to use his expression, "it puts the finishing touch to the ointment."

"*Plantago Major—Plantain.* The plant has been considered refrigerant, diuretic, deobstruent, and somewhat astringent. The ancients esteemed it highly and employed

Digitized by Google

it in visceral obstructions, hemorrhages, particularly from the lungs, consumption, dysentery, and other complaints. In modern times it has been applied to similar purposes, and the root is said to have proved useful in intermittents. As an external application it has been recommended in ulcers of various kinds, and in indolent scrofulous tumors. Among the vulgar it is still much used as a vulnerary and as a dressing for blisters and sores."—*U. S. D., 13th edition, p. 1678.*

"The leaf of this plant is cooling and resolvent. Applied often to the surface of slight wounds, swellings or bites, it lessens the heat and heals them. Good, combined with lard, for the salt rheum; its juice will cure the bite of snakes."—*Helping Hand.*

Dr. E. P. Belshe, in September number, 1874, *American Medical Journal*, reports a cure, by the application of scalded plantain leaves, of a case of erysipelas involving the entire right lower extremity of a child four years old.

The literature on these subjects is small, and I have given the substance of the result of my investigations, hoping it will prove of some benefit to the readers of this journal. I would be glad to hear further in regard to these subjects.

ART. III.—Medical Magazine Literature. By C. B. Maclay, M. D., Delavan, Illinois.

It surely is a great pity that so much of our magazine medical literature is so labored and stilted in style and language. With very few exceptions the journals of the day are filled with communications that ignore the plain Saxon and boil over with technicalities, the longest, the newest and most intricate. "Counsel is darkened by words without knowledge," and the reader finds a problem when he looked for a solution. Wholly irrelevant matter abounds, and axioms are restated and discussed and made to assume all the importance of newly discovered scientific facts. Then the "egos" stud the page with startling prominence, and we are carried around Robin Hood's barn for the evident purpose of learning the imaginative greatness of the communicating doctor. What a blessing to tired eyes and serious readers, if redundancy was wholly abated and prin-

Digitized by Google

ciple and practice stated briefly, plainly, and "ze grande flourishe" left to cavort in the writer's brain. A recital of the charms, exploits, eccentricities and social surroundings of patients might be reserved for posthumous publication.

At the present period there seems to be an inordinate desire to outstrip all previous presentation of medical matters in a most labored attempt to technically define, differentiate and label by title every phase of disease, and thus pile up a frightful conglomeration of Greek and Latin names, evidently as a memorial of the writer's acquaintance with the classics, or a testimony to his thorough research and wonderful nosological proficiency. Look, too, at the amount of undigested material that is placed on record, and the unheard of conclusions deduced from heterogenous data, and that delivered with unction as the quintessence of medical gospel. Medicine is not, nor can it ever be, an exact science, for the simple reason that we never can schedule the physical constitution and arbitrarily declare the full results of any material introduced into the economy. There are so many things to be taken into consideration, and so many cross-purposes, so to speak, in nature, that we can only deal comparatively and averagely with any given case. Nevertheless, we *can* obtain results more or less certain, and adopt methods of cure that shall give but few exceptional results. Indeed, experience has secured treasures of immense value in this direction, anchors that prevent our floating away on the tide of nihilism. What we want is more of the same sort. Facts that are facts, clear and indisputable. Far better to learn how to abort a stye, or prevent an ingrowing toe-nail, or remove a corn, or a thousand-and-one of the petty troubles that are brought to our observation every day, than to philosophise about electrical currents or biological abnormalities, or other abstrusities, if the word may be allowed. Insufficient data may be written over against pages and pages even of standard medical works, and we need not turn to the vagaries of homœopathy to find evidences of extreme credulity.

Facts ought to precede theory. Theories, proven, establish dogma. Dogma systematized is creed; but should

Digitized by Google

the facts prove to be assumptions, we are left hopelessly adrift. Often times our own mental perceptions may take the place of experience, but to become testimony to others, may require demonstration. Thus the greatest difficulty seems to be, patient investigation, and the *crucial* test, to separate momentary impressions from thorough conviction.

To justify the above reflections let us transcribe with some necessary changes a typical case reported: "Mrs. A. B. C., highly cultured, aristocratic, formerly resided in Washington, D. C. * * * Was summoned to her bedside; * * * bright eyes, fine complexion, * * pain in præcardial region, voice paraphonial * * * temperature 99 degrees, * * * sphygma 80. Anapneusis 16. * * * Diagnosis, abnormal impression on anterior cardiac plexus. * * * Anagraphe, tincture digitali 2 c. c. Rep. every four hours. Rapid recovery. Also resolution of excœdesis on sura, etc., etc."

ART. IV.—Vaccinal Urticaria. By THOMAS M. MCILVAINE, M. D., Peoria, Illinois.

The unusual frequency with which eruptions of the skin have accompanied vaccination during the present winter, will, perhaps, merit an inquiry into the nature of the eruption, and an attempt at its classification.

So far as I have been able to learn, both from reading and by conversing with older practitioners in this city and elsewhere, an eruption of the skin accompanying vaccination, previous to the present year, has been a thing of rare occurrence. Here and there cases have occasionally been met with where a rash has followed the process, but even in the latest authorities on the subject of skin diseases they are dismissed in a single line as of extreme rarity, and no two authors give the same name or description to the eruption. It has variously been spoken of as lichen, eczema, simple erythema, erythema maculatum, erythema papulatum, roseola, and lastly, Curschman, in Ziemssen's Cyclopædia, says: "Even an urticaria may make its appearance during the development of the vaccine pustule." I have collected reports of over sixty cases of this eruption in this

Digitized by Google

city and vicinity occuring within the last two months, and from this number, with perhaps four exceptions, all must be denominated as urticaria. In four per cent. of my own vaccinations has this rash appeared, and in every instance have the preceding symptoms and appearance of the lesion been identical with those of this above named affection. Two reasons may be proposed to account for its frequency at this time. First, non-humanized bovine virus has never been so universally employed as during the present winter; and second, humanized virus does not make so strong an impression upon the system.

To illustrate the eruption as it has come under my observation I will give a short history of one of the number which I have seen.

Lizzie S., a healthy, robust country girl of twelve, was vaccinated by me January 10th, 1882. Eight days later I was called in great haste to see her, a rash, which covered her from head to foot, greatly alarming her parents and friends. On calling I obtained the following history: Four days after vaccination the arm began to develop the usual signs of successful vaccination. Two days later she complained of headache, loss of appetite, and soon after nausea. On the seventh day she had a high fever, accompanied with vomiting. During that night she was delirious; her arms and face were swollen, and she complained of an intense burning and itching of the skin. At this time the eruption began to appear. At first it raised up (as her mother told me) like hives, considerably elevated, white around the base, with a small red spot in the center. Afterwards they turned completely red, as when I saw them. After the appearance of the rash the headache, nausea and, to a considerable extent, the fever left her, and at my visit she complained only of the burning and itching of the skin. Her bowels had not moved for two days, and her tongue was well coated. On examination of the skin lesion, I found that in some places it gave the characteristic appearance of hives, being raised in distinct wheels; in other places it was confluent, and the elevation of the skin not so well marked, though everywhere distinctly

Digitized by Google

papular. The color of the patches was of a bright red, while the skin between was of a natural color. The pulse and temperature were nearly normal, and the only treatment ordered was a mild laxative, a cooling drink, and a wash of a solution of sodium bicarbonate to allay the itching. This proved in her case as it has in every one, all that was necessary. In a few days (from two to five) the eruption wholly disappears without desquamation.

This case illustrates a train of symptoms which have followed about four per cent. of my vaccinations. The rash appears in both primary and revaccinations, and the age of my patients have ranged from two years to upwards of forty years.

I cannot believe this affection, as I have seen it, and as it has been observed by all with whom I have spoken, to be either roseola or erythema, eczema or herpes, although I grant that any of these affections may appear at this time, and undoubtedly do appear, as has roseola in one case during the past week.

The etiology of urticaria is, an irritation of the nervous system producing a peripheral manifestation of that irritation. Frequently that irritation is gastric, still it may arise from a peripheral irritation, such as the bite of a flea, the sting of a bee, or the nettle, from which it has taken its popular name of nettle rash.

This lesion, perhaps, does not merit the space which I have given to it, but I believe the fact that it will in a certain proportion of cases follow vaccination should be more generally known, and for the purpose of giving it that prominence which will impress it upon the memory, I propose the name of vaccinal urticaria. The appearance of this rash, following the sometimes quite severe constitutional disturbances which precede it, is liable to arouse the fears of our patients and the community, and unless a satisfactory explanation and certain prognosis can be immediately given, will shake their faith in the doctor (especially if he be young, not having had the good fortune to be born with gray hairs) and the purity of his virus.

Digitized by Google

Correspondence.

A Normal Bruit Heard in a Portion of the Heads of Small Children.

TISKILWA, ILL., Jan. 7, 1882.

Editor Peoria Medical Monthly:

DEAR SIR: Last summer, while romping with my little boy, then sixteen months old, I, by chance, placed my ear against the side of his head, just over and a little in front of the mastoid process of the temporal bone, when instantly my attention was attracted by a distinct bruit. I examined him then more carefully, and found that it could also be heard over the entire parietal bones, but most distinctly over the point above mentioned. The bruit was synchronous with the heart's pulsations, but could be heard nowhere except on the side of the head.

I was at first alarmed, and for a time watched him very closely, communicating my fears to no one. After a month or two of close watching I could observe nothing to warrant deciding upon diagnosis of any grave lesions of the blood vessels, and consequently came to the conclusion that it was a normal sound made by the carotid artery passing through its bony canal in the petrous portion of the temporal bone. It being somewhat tortuous, and the pulsations being rapid in the child, caused the rasping sound or bruit.

After coming to this conclusion, I began to investigate the matter more thoroughly, and found it could be heard in everyone I examined between birth and four years of age. I have examined some ten or twelve between those ages. I also examined a girl nine years of age, but did not hear anything similar. The bruit is heard more distinctly in some than others, but quite distinct in everyone examined.

Dr. C. A. Palmer, of Princeton, examined some cases, and also with a similar result. This may be nothing new to many of your readers, but to all the physicians I have conversed with on the subject, and to myself, it is. Now, doctor, will you kindly give this article space in your valu-

Digitized by Google

able paper and place it before your readers for a thorough investigation? Those having the opportunity, please examine older children and adults, where the pulse is over a hundred, and see if a similar result is obtained.

Yours, very respectfully,

J. P. LYTLE, M. D.

Medical Jurisprudence.

The Medico-Legal Aspect of Responsibility, With Special Reference to Guiteau and the Death Penalty. By HORATIO R. BIGELOW, M. D., Washington, D. C.

The State is a mere expression of an aggregation of individuals. Its laws, in a measure the outcome of heredity, are the types of individual desires, representing the ideas of the majority. In matters of social governance, as in matters physical, a certain evolution is apparent. Just as civilization advances we become purified from the fallacies and vagaries of primitive humanity. Certain pre-requisites of harmony in the administration of its internal economy are the recognized products of study and of purification. The individual is responsible to the State for his orderly conduct, and reciprocally the State is responsible to the people for the protection of life and property, and for the maintenance of a decent morality. The individual is responsible for his actions to himself, his relatives, his neighbors, to the State, until the law, framed by his peers, steps in to pronounce him irresponsible. His relations to the State are those of law and order. If he transgress either he must suffer. This is the sum of justice. There is a point of "inchoate consciousness" beyond which we dare not venture, even if we could. But if one may strive to tread where angels falter, it may be assumed, with all reverence, that the Eternal Justice of God is pre-figured in His punishment of wickedness. There could not be Divine Mercy if there were not an antithesis. Perfect good needs neither mercy, pity or justice. Human justice, or the recognition of crime, is a type of infinite justice out of whose loins it emanates. The individual is accountable to the State, and the State to protect the individual and to pre-

We reprint this article from the *Maryland Medical Journal* in place of an original article which we have been disappointed in getting in time for this issue. By the next issue we hope to be ready to fill this department every month with original articles prepared especially for this journal by legal gentlemen of this city.

Digitized by Google

vent crime, enacts laws for the punishment of vice. The law regards any man as responsible for deeds committed with a full recognition of their enormity and consequences. Self-caused conditions of temporary irresponsibility (drinking, for instance) are not excuses for transgressions. The will "being the desire or aversion, sufficiently strong to cause action upon reflection," is the controlling factor in the mental process. This may become weakened by a transmitted viciousness of heredity, by accident, by association or by physical abuse, and such an one is not accountable for his actions. It is the duty of the State to inquire exactly into every possible detail of the case. In a consideration of Guiteau's mental condition there is very much to study. First, the acquired tendencies of the man, and the evidences of neurotic taint on his ancestry; his early life and associations; the influence of the Oneida community; the excitant upon a mind weakened by heredity and by associations, of a great political strife; the generally unhealthy and turbulent spirit of Nihilism and communism. As opposed to such inquiries, it is to be remembered that Guiteau premeditated the crime—that it was done with a full knowledge of its consequences. That he manifested fear and a desire for speedy incarceration; and last, but not least, the acumen and shrewdness of his remarks in court, have shown him to be undoubtedly sane on some points, at least. It is neither my duty nor my pleasure to pronounce upon his condition; I only desire to show that such a question as that of sanity, in which life or death hang upon a verdict, is not to be judged hastily or ignorantly. The psychic conditions of irresponsibility are manifold and deceptive.

The ability to distinguish the right from wrong is not conclusive evidence of sanity. Some of the most glaring cases of moral insanity have been characterized by a most perfect discrimination between the two. There is, too, and quite commonly among the insane, an acumen of ratiocination, a shrewdness of argument, and a coherency of logic, that would shame some of the brightest intellects. A fixed delusion upon one point is usually indicative of unsoundness. This may be directed against the individual himself, so that he will attempt suicide, or it may tend toward his neighbor, so that he will contemplate murder. This condition may obtain without any evidence of epilepsy or cerebral congestion. This delusion is ever present and predominant. It may not be *willed* or reasoned away. It is the controlling factor of the man's life. Constant introspection of this delusion makes it a real actor upon the

Digitized by Google

stage—to the sufferer. The delusion to him is real and absolute. He withdraws from "mental freedom something which is necessary to its perfected entity, and creates abnormality in that which was to be analyzed by self-consciousness." Acting under such a delusion, which he cannot control, and would not if he could, since to him it is no delusion, the law rightly judges him irresponsible. Guiteau asserts that he acted under Divine Inspiration. It is the province of medico-legal jurisprudence to find out whether this be an assumed delusion or not, and in how far soever it may be a controlling factor of his life. Mr. Phillips argues: "The theory of government, as universally held in this country, is that government is a 'social compact'—'a voluntary association of individuals.' Therefore, as an individual has no right to take his own life, he cannot confer on government any right to take it." This argument is inherently weak and fallacious. He also says that "the word *punishment*, capital or any other, when used in reference to human government, is a mistaken and misleading term. Punishment has a relation to guilt. Only that power, therefore, which can measure guilt is competent to affix penalty and to punish." * * * "Of course, no human official can measure the strength of the inherited tendency toward any act, criminal or any other; the power of temptation, the moral and intellectual training of the individual, or of the community and age in general, which go so far to form the moral sense of a man and educate his conscience; the circumstances, in fact, which aggravate or lessen criminality. Only omniscience knows these. Yet these make it a fact that one man may commit murder with less moral guilt, in the eye of God, than another who steals, or lies about his neighbor." It is true that punishment has a relation to crime. From the earliest days of patriarchal government, and even by Divine authority, certain punishments have always been meted out to the offender. If it be true that no man may measure another's guilt, society loses its greatest safeguard, and all crimes, great or small, must go unpunished, just as virtue, oftentimes, goes unrewarded. Of virtue we can form no just estimate for its juxtaposition with crime. We only know reward as the opposite of punishment. It is as proper to honor the one as it is to condemn the other. Crime and punishment, reward and virtue are resultant upon the existence of good and evil in the world. The universal tribute of praise to virtue, carries with it the universal condemnation of evil. Created in the image of the Creator, we share, in a finite and woefully limited manner,

Digitized by Google

His attributes. Our justice, smeared with human weaknesses, is derived from our ideas of eternal justice. Christianity teaches that virtue shall be rewarded, and vice shall be punisned. Society demands it, and statistics, Mr. Phillips to the contrary notwithstanding, show that capital punishment *is* a preventive of crime. Pure justice demands that the responsible man, convicted of murder, should himself suffer death, not as expiatory of crime, but that such crimes may be checked by such an ensample. The existence of evil necessitates graduation of punishment. We cannot imagine one term without the other. The death penalty is a logical sequence of the existence of evil, and is a social necessity.

Book Notices.

Illustrations of Dissections in a Series of Original Colored Plates, Representing the Dissection of the Human Body. By GEORGE VINER ELLIS, Professor of Anatomy in University College, London, and G. H. FORD, Esq. Vol. I, Second Edition. 8 vo; Cloth; pp. 233, with 28 Colored Plates. New York: Wm. Wood & Co.; 1882.

This is the January number of Wood & Co.'s library of standard medical authors for the year 1882, and if it is to be taken as a sample of those to follow, we may safely prophesy that the new series will far outstrip all former efforts of this enterprising firm. These "dissections" were first printed in life size, and consequently the expense was beyond the reach of the moderate pocketbook, yet here we have them exactly reduced on a uniform scale and reproduced in fac simile, and literally presented to the profession at a nominal figure. The lithographer's art has never exceeded, in anatomical representation at least, the plates with which this work is liberally illustrated. The explanatory text is clear and concise, and excellently adapted to aid the senior student in his dissections, or to refresh the memory of the surgeon. Contrary to the expectations of many, the promises of Messrs. Wood & Co., in regard to the library for 1881, were more than carried out to the letter, and in the future we can only say, nothing seems impossible with them in the book making line, and we will accept every promise they may make without a doubt of its being fulfilled.

WE acknowledge from the Supervising Surgeon-General of the Marine Hospital Service, Dr. John B. Hamilton,

Digitized by Google

the receipt of reports of that service for the years 1873, 1875, 1876, 1877, 1880 and 1881. We note in the report for 1881 a valuable addition to the previous volumes; we refer to "Reports of Fatal Cases with Autopsies." Records of cases with *post-mortem* appearances are always instructive and entertaining reading, and this addition will make these reports more valuable than ever. The reports of surgeons in the appendices of the several volumes are oftentimes highly interesting. The report of Surgeon Hebersmith on "Beri-Beri" will be found a valuable addition to our knowledge of that disease.

Pamphlets and Reprints.

Vicks' Floral Guide, for 1882. Published by JAMES VICK, Rochester, New York. Paper; pp. 125; Profusely Illustrated.

Seed Catalogue, Flower and Garden. From HIRAM SIBLEY & Co., Rochester, New York, and Chicago, Ill. Paper; pp. 110, Handsomely Illustrated.

These two books are fine specimens of the enterprise and liberality of the "Flower City" of Rochester. A comparison between them would only be valuable if made by one more conversant with flower culture and gardening than we profess to be. The ladies will be pleased with either.

Care of the Insane. By H. WARDER, M. D., Anna, Ill. Reprint from the "Alienist and Neurologist," January, 1882.

Medical Orthodoxy. By T. D. WASHBURN, M. D., Hillsboro, Ill. Reprint from the "St. Louis Medical and Surgical Journal," January, 1882.

The closing sentence will show the drift of the article: "Speed the day when the medical millenium shall arrive. Then the *allopathic* wolf shall dwell with the *homœopathic* lamb, and the *eclectic* leopard shall lie down with the regular kid, and the *medical* calf and the *hoary lion* of the *college* and the *fatling* of the *city* shall feed on the same *ethics* and eat science as the ox eats straw." The jokes concealed by the italics are not quite clear to our probably befuddled vision.

ANÆSTHETICS MEDICO-LEGALLY CONSIDERED. By J. G. JOHNSON, M. D., Brooklyn, New York. Reprint from the Bulletin of the Medico-Legal Society of New York; pp. 23.

NON-RESIDENT AND POST-GRADUATE COURSES OF STUDY OF THE ILLINOIS WESLEYAN UNIVERSITY, Bloomington, Ill.; pp. 20.

REFORM IN MEDICAL EDUCATION THE AIM OF THE ACADEMY. Annual address delivered before the American

Digitized by Google

Academy of Medicine. By EDWARD T. CASWELL, A. M., President of the Academy; pp. 16.

RUSH MEDICAL COLLEGE. Announcement of the Practitioner's Course and of the Spring Course of Lectures for 1882.

Society Transactions.

North Central Medical Association.

The North Central Medical Association met in annual session at Wenona, Tuesday, December 6th, 1881, and was called to order at 10:30 A. M. by the President. After roll call the minutes of the previous meeting were read and approved. The Secretary and Treasurer made his report.

On motion an assessment of fifty cents on all the members was made to defray the expenses for the coming year.

The President appointed Drs. Thompson, Kinnear and Cole a special committee to examine and report on several clinical cases brought before the Association.

Dr. K. E. Rich reported a clinical case of rupture of the stomach, accompanied by the pathological specimen. General discussion followed.

Drs. Little and Franklin, of Bloomington, being present, were invited by the Association to take part in its deliberations.

The President appointed Drs. Rich, Thompson and Ensign a committee on nomination of officers. Adjourned till 1:30 P. M.

AFTERNOON SESSION.

Met at the appointed hour, the President in the chair.

Dr. A. H. Kinnear read a paper on diphtheria, giving a detailed account of this terrible epidemic in the western part of Woodford County during the last year. Discussed by Drs. Cook, Felker and Taylor.

The Committee on Nominations reported the following: Dr. A. H. Kinnear, President; Dr. J. B. Felker, Vice President; Dr. Frederick Cole, Secretary and Treasurer.

The Board of Censors reported the name of Dr. A. L. Mendenhall, of Garfield, for membership, and on motion he was duly elected a member of the Association.

Dr. J. S. Whitmire read a paper on Acute Bright's Disease of the Kidneys. A very animated discussion followed

Digitized by Google

the reading of this paper, participated in by nearly all the members present.

Dr. Felker, of Amboy, read a paper on Difficult Labor, giving cases occuring in his own practice. Discussed by Drs. Taylor, Rich, Ensign, Blanchard and Braffett.

Adjourned till evening.

EVENING SESSION.

Met at 7 o'clock P. M.

Dr. J. Little, of Bloomington, read a paper on Hernia, detailing the different methods of radical cure of reducible hernia, and especially the method as practiced by the late Dr. Geo. Heaton, of Boston, as a secret, but since his death published in book form by Dr. Joseph H. Warren, of Boston.

The Association returned a vote of thanks to Dr. Little for his paper, and invited him to make another report on the same subject at the next annual meeting.

Dr. E. P. Cook reported the death of Dr. W. P. Woodbridge, of La Salle, who died October 22, 1881. The President appointed Drs. Felker and Cook a committee to draft suitable resolutions on the death of Dr. Woodbridge.

The President made the following appointment of delegates: To the American Medical Association—Drs. K. E. Rich, A. H. Kinnear, J. B. Felker, G. Newkirk. To the Illinois State Medical Society—Drs. W. O. Ensign, L. G. Thompson, J. J. Taylor, A. L. Mendenhall, G. Newkirk, E. L. Goble, Enoch Blanchard.

The following appointments were made to read papers at the next meeting:

Hydrate of Chloral—Dr. J. S. Whitmire.
Ethics—Dr. E. Blanchard.
Scarlet Fever—Dr. K. E. Rich.
Drugs—Dr. W. L. Downey.
Teeth—Dr. G. Newkirk.
Select Subject—Dr. J. B. Felker.
Surgical Injuries—Dr. E. P. Cook.
Alcohol—Dr. J. H. Braffett.
Uterine Supports—Dr. L. G. Thompson.
Clinical Cases—Dr. F. Cole.
Dietetics—Dr. A. L. Mendenhall.
Select Subject—Dr. Wm. O. Ensign.
Report of Cases—Dr. J. J. Taylor.

After a conversational meeting, the Association adjourned to meet at Wenona on the first Tuesday in December, 1882.

FREDERICK COLE, M. D., Sec'y.

Digitized by Google

Periscope.

The Best Position for Women in Labor.

Dr. Geo. J. Englemann (*Trans. Amer. Gyne. Society*, 1880), after a careful study of this subject, reaches the following conclusions: (1) In ordinary labor cases the patient should be permitted to follow the dictates of her natural instincts in regard to her movements, at least more freely than is customary. (2) In the early stages of labor the patient must be guided in her actions, and position, by the dictates of her own instinct. This is the invariable rule among savages, and has also been warmly advocated by the shrewd and observing obstetricians of the past, and by the practical and successful midwives of old. (3) The parturient women of uncivilized people avoid the dorsal decubitus, the modern obstetric position, at the termination of labor, which is sufficient evidence that it is an undesirable position for ordinary cases of confinement. Dr. E. is convinced that obstetricians will soon confirm the statement made by the ignorant but observing savage, that the recumbent position retards labor and is inimical to easy, safe and rapid delivery. (4) In the ordinary labor cases the expulsion of the child should be expected in an inclined position; kneeling, squatting, or semi-recumbent, in bed or lap, as is done by the great majority of uncivilized people, for the following reasons: (*a*) Those positions permit the free use of the abdominal muscles. (*b*) The force of gravity does not counteract the expulsive effort, as in the recumbent position, nor does it unite too freely and hasten labor unduly, as in the erect posture. (*c*) With the assistance of a rope, stake, or other support, the parturient can vary the inclination of the body and correct the labor, by hastening or retarding the descent of the child and relieving the pain, changing the axis of the body and throwing the fetal head towards the sacrum or syphysis. (*d*) Injury to the soft parts is less likely to occur in these positions, if we may accept the rapid getting up, and freedom of Indian squaws from all uterine diseases as proof of this statement. (5) Of these positions the semi-recumbent is the most serviceable, and should be adopted in all ordinary cases. It is preferable to the kneeling or squatting: (*a*) As being more convenient and comfortable, and not being objectionable to the modesty of the patient. (*b*) As not being tiresome, which is a serious objection to the kneeling and squatting positions as applicable to the civilized female. (*c*) The semi-recumbent position in bed, with the body at an angle

Digitized by Google

of forty-five degrees, the hips resting on a hard mattress and thighs well flexed, is the easiest and most comfortable, and appears to afford the greatest freedom from pain, coupled with the greatest effect of the uterine contractions, with relaxation of all the parts and free play of the abdominal muscles. (*d*) The pelvis is more readily fixed in this position. (*e*) The perineum has a certain support which does away with the questionable proceeding of supporting the perineum during the expulsion of the head and shoulders, by which more harm than good is usually done. —*Ohio Medical Journal.*

Opening and Drainage of Cavities in the Lungs.

It is only a little more than a decade since Prof. Mosler, of Griefswald, in Germany, conceived the brilliant idea of combating cavities in the interior of the lungs by surgical means. Although experience has since demonstrated that this procedure is of no avail in consumptive cavities for which it was first employed, yet the operation did this much good, in that it called the attention of the profession to the surgical treatment of cavities in the lungs, and directly established the fact that such cavities might be opened and drained with comparative impunity.

Drs. Fenger and Hollister, of Chicago, in a paper on this subject in the October number of the *American Journal of the Medical Sciences*, state that thus far only six cases of this form of interference with cavities have been reported, and only one, their own case, was successful in so far that it terminated in complete recovery. The clinical histories of these several cases are communicated in this paper, the original case being one of suppuration, around a large echinococcus cyst in the lung of twelve years' standing. An incision was made in third intercostal space anteriorly, through which the large cyst was subsequently removed. A counter opening being made between the fifth and sixth ribs, a drainage tube was introduced, and daily injections of carbolic acid practiced. The authors conclude that "the operation is justifiable in any case where the presence of a gangrenous or ichorous cavity having been ascertained, it is found that, notwithstanding an outlet through the bronchi for a portion of the contents of the cavity, it steadily fills up again, the partial evacuation does not relieve the patient, who gradually loses strength and advances towards a condition of collapse; a steady or intermittent rise in temperature continues; the infection of the healthy por-

Digitized by Google

tions of the lung from the decomposed contents of the cavity has commenced, or is evidently about to take place; the breath and expectoration continue fetid; absence of appetite; increasing weakness, with or even without fever, etc. These indications will enable any medical man of some clinical experience to determine, in the majority of such cases, when the disease has reached a point from which spontaneous recovery is impossible." At the same time it is observed that any cavity covered by the scapula, or situated within the supra-clavicular and infra-clavicular regions may at present be regarded as inaccessible. The immediate indications and details of the operation are fully discussed in this paper, as well as the methods of after-management of an interesting class of cases otherwise not amenable to treatment.—*Michigan Medical News.*

A Modification of Lister's Antiseptic Dressing.

In the *New York Medical Journal and Obstetrical Review* for December, 1881, Dr. James L. Little, Professor of Clinical Surgery in the University of the City of New York, states that, while having full confidence in Mr. Lister's antiseptic method, he, like many others, has long recognized the great difficulty that must needs be experienced by the general practitioner in attempting to carry out the minute details of the dressing. Dr. Markoe's "through drainage" was a decided step in this direction, but it is appropriate only where drainage is necessary, and, simple and efficient as it is, it requires a certain degree of attention, which, while easy for the hospital surgeon, is not sufficiently so to guarantee its extended use by the physician in charge of a large general practice. Aside from the difficulties incident to the application of Mr. Lister's dressing, it has been found that surgeons in country towns distant from large cities have great trouble, and often are unable to procure good antiseptic gauze at the time when it is needed. The gauze sold in most of our stores is frequently not in an antiseptic condition, and as Dr. R. F. Weir has demonstrated (*New York Medical Journal*, January, 1880), even when kept wrapped up in rubber cloth and in a box it will deteriorate in a few month. Furthermore, the materials necessary for fully applying Mr. Lister's dressing are somewhat expensive, a very important fact when we consider that the majority of accidents and operations that call for this proceedure occur among those who are able to bear but little expense. Dr. Little for several years has

Digitized by Google

been surgeon to a large factory in New York, in which three thousand hands are employed, and where injuries by machinery are quite frequent. These injuries consist chiefly of wounds of the hands and fingers, caused by their being caught in the cogwheels and other parts of the machinery. In many cases the fingers were torn off, tendons are pulled from their sheaths, joints are opened, and the hands are often severely crushed and lacerated. In all of these cases he has, for the past six years, been using the following antiseptic dressing: Having put the parts in a condition for dressing, he washes the wound in a solution of carbolic acid of the strength of one to twenty; he then covers the parts with a thick layer of borated cotton, and then snugly and evenly applies a simple gauze bandage. At first he used bandages made of antiseptic gauze, but for the past three years has used those of plain uncarbolized cheese-cloth. These thin bandages distribute the pressure more evenly over the cotton, and are more easily saturated with fluids than those made of unbleached muslin. The patient is instructed to keep the outside of the dressing wet with a solution of carbolic acid, which is of the strength of one to one hundred. The author employs Squibb's solution of pure carbolic acid, which is of the strength of one to fifty, and which, when mixed with an equal bulk of water, gives a solution of the desired strength. The parts should be kept at rest, and the dressings may be left undisturbed for several days, unless there is pain, rise of temperature, or discharge through the dressings. These conditions are always to be considered indications for renewing the dressings. In many cases were rubber drainage-tubes have been used they may be removed at the second dressing, and, if catgut has been used for sutures, this second dressing can be allowed to remain on for an indefinite period. In a number of cases of lacerated wounds the first dressing has been allowed to remain on until the wound has entirely healed. In these cases the external use of carbolic lotion was discontinued after the fifth or sixth day, and the dressings would become dry and hard, the wound healing, as it were, "under a scab." The patient should be instructed to loosen the bandage at once if any pain occurs. Out of nearly three hundred cases of open wounds, involving the fingers and hands, thus treated, not one has been followed by inflammatory symptoms. Extensive lacerated wounds have healed, and dead tissue has sloughed away, without giving rise to any of the so-called symptoms of inflammation. Neither pain, redness, heat, swelling, nor constitutional disturbance has resulted. In no case has there been

Digitized by Google

reddening of the lymphatics or tenderness of the glands. No counter-openings have been necessary. Pain has been entirely absent, so that anodynes have not been needed, save in a single case, and that for one night only, and to control slight restlessness. The author thinks these results the more remarkable from the fact that many of the patients were in an unhealthy condition, some suffering from anæmia, some from cardiac disease, phthisis, and the like. After giving a case of amputation of the leg, exemplifying the method, Dr. Little expresses the opinion that the value of cotton-wool as an antiseptic dressing is not fully appreciated. Used in the way he has indicated, it seems to be as perfect an antiseptic dressing as the gauze and other materials recommended by Mr. Lister, while at the same time it is free from all objections that pertain to the latter, and which materially hinder their use by the general practitioner. If applied in sufficient quantities around an open wound, it protects it thoroughly from the "floating matter of the air" which is supposed to be the real inciter of suppuration. It is the best germ-filter known to us. To insure success in cases where the dressing is used, full precautions as to rendering the instruments, sponges, and the hands of the surgeon aseptic, and the use of drainage-tubes, if necessary, should not be neglected. Catgut or torsion should be used to arrest hemorrhage. The spray may be resorted to, if thought necessary. At the second dressing the author now usually applies carbolized oil, of the strength of one to twelve, to the wound to facilitate the removal of the cotton, which is otherwise apt to adhere after the first dressing.—*Michigan Medical News.*

Milk Indigestion in Young Children.

Dr. Eustace Smith (*British Medical Journal*) says that when indigestion is due to catarrh of the stomach it is readily amenable to treatment. All that is necessary is to put a stop to the milk for a day or two, and to clear away the curd by a full dose of castor oil. If, however, the fault be in the milk, and not in the digestive organs of the child, some change in the method of feeding is indispensible. In one case, where curdling took place, with resultant griping and indigestion, and where various remedies had failed, Dr. Smith at last adopted the plan of giving the child barley water from a bottle immediately before he took the breast, in the hope that by this means the milk might be diluted

Digitized by Google

directly it reached the stomach. This method succeeded perfectly, and the child had no further unpleasant symptoms.

In cases of gastric catarrh, when the complaint is acute and severe, vomiting is usually the most prominent symptom. Under such circumstances milk becomes a positive poison, and no hope of alleviating the symptoms can be entertained while this diet is persisted with. In the case of an infant two months old, brought up by hand, and fed upon milk and barley-water, uncontrollable vomiting and diarrhœa had reduced it to the last extremity. Dr. Smith directed a weak mustard poultice to the epigastrium. The milk was stopped, and the child fed with weak veal broth and thin barley-water, mixed together in equal proportions, and given cold at intervals with a teaspoon. A few drops of brandy were given occasionally, as seemed desirable. As a result of this treatment, the vomiting stopped at once, and the child, when seen three days afterwards, was found to be much improved, and was cured by the end of a few days' further treatment. The most important part of the treatment in this case was the substitution of veal broth for milk. Directly the supply of fermentable matter was stopped, fermentation ceased, acid was no longer formed, and the digestive organs returned to a healthy condition. Here the derangement was acute.

Does Vaccination Protect?

It is becoming somewhat tiresome to have to reiterate the truths about vaccination. And it will sometimes occur to us that the best way, after all, would be to leave the question alone, and let the people find out the facts for themselves. Why should the doctor worry himself? If the people do not and will not believe in vaccination, why not drop our quills, and, having vaccinated ourselves and families, let the disease work away in its old-fashioned seventeenth century style. In 1721 half the city of Boston lay sick with the small-pox. Would not the return of such a visitation be better than any pamphlets or statistics?

We present here a few of the facts and figures upon which this universal agreement is based. It should be remembered, however, that aside from statistical proof nearly every physician, at some time during his life, gets personal evidence of the efficacy of Jenner's discovery.

Previous to the introduction of vaccination, the annual mortality from small-pox throughout Europe was about three thousand to every million inhabitants. During the forty years subsequent, the mortality from the same cause was reduced in Sweden to 158 per milllion; in Westphalia to

Digitized by Google

114; in Bohemia, Moravia, and Austrian Silesia to about 200; in Copenhagen to 286; in Berlin to 176; in England to 200.

In 1853 the Epidemiological Society received two thousand letters from medical men, affirming their belief, from personal experience, in the protective power of vaccination. Dr. Simon obtained similar answers from five hundred and forty eminent English and foreign physicians, out of five hundred and forty-two to whom letters were addressed.

One observer, Marshall, has shown that among 757 persons exposed to small-pox, 231 had been vaccinated, and of these latter only 27 took the disease. All the remainder, except seven, were infected. In 1871 an anti-vaccination excitement was fomented in England, and Parliament undertook to investigate the question. A large committee was appointed, and testimony taken from every quarter. The result was an overwhelming refutation of the points claimed by the anti-vaccinationists.

In the Franco-Prussian war, an epidemic of small-pox arose among the unvaccinated inhabitants of Brittany. It spread among the French soldiers and destroyed 23,000 of them. The Prussian army, which was frequently and extensively exposed, and was larger than the French, lost only about 250 persons by the disease. The Prussian army was thoroughly vaccinated, the French was not. In the whole Prussian army for twenty years, though often exposed, only four fatal cases of small-pox occurred among the revaccinated.

There are a few things which have to be borne in mind when arguing for vaccination:

1. Vaccination is protective only when the virus is good, and has entered and affected the system.

2. There is a very small number of persons who will take small-pox if exposed, whether they have been vaccinated or not. If vaccinated, however, most of these will have the disease less severely.

3. Vaccination protects in most cases only for a certain period of years, and revaccination is necessary.

4. Vaccine lymph may possibly deteriorate after passing through the human system many times. This deterioration of humanized lymph has probably taken place in England, and perhaps elsewhere in Europe.

5. Small-pox varies in malignancy with the epidemic. There is no evidence, however, to prove that small-pox is any less malignant now, on the whole, than it was eighty years ago.

The above facts have to be considered in passing judgment upon the so-called statistics of anti-vaccinationists. —*Medical Record.*

Digitized by Google

Explosive Mixtures.

Medical men but rarely pretend to be good chemists, for it would require longer devotion to chemistry than the average medical student can afford; thus can it be marveled at when we see formulas and prescriptions that, if dispensed according to the wishes of the prescriber, would result in an incompatible combination and often explosive compounds! Thinking it not ill placed to perhaps refresh the memory of the profession regarding such mixtures, especially explosive mixtures, we have selected some examples and formulas that when combined in certain proportions become dangerous and in many instances have ended seriously; they are examples that have been experimented with, some intentionally, while others were prescribed by a badly informed physician, and dispensed by a very incompetent druggist.

1. Chlorate of potash, powdered galls, tannic acid. M. Ft. Pulvis.—To be used for a gargle. The powders should be mixed separately with water and not rubbed all together.

2. Chlorate of potash and pulv. catechu.—This combination is intended as a dentifrice. It however should not be dispensed alone. If other combinations are made, the danger is averted.

3. Chlorate of potash, hypophosphite of soda and water.—If the salts are rubbed together, they will explode, but if dissolved separately in the water and mixed, no harm results.

4. Chlorate of potash, tannic acid, glycerin and water. If the tannin, chlorate of potash and glycerin are rubbed together an explosion ensues, but if the acid is first dissolved in the glycerin and the chlorate of potash in the water and mixed, no harm follows.

5. Chlorate of potash, Tr. ferri. chlor. and glycerin, half an ounce of each.

This combination, so often used, when put together in the above proportions, is very liable to explode, especially if warmed.

6. Soda chlor. 2 dr.: antimon. sulph. aurat. 20 gr.

This combination, if even gently triturated, is liable to inflame with a crackling noise.

7. Lac. sulphuris 3 gr., antimon. sulph. aurat. ½ gr., zinci. valer. 2 gr., potass. chlor. 2 gr. M. Ft. Pulvis. Make 10 alike.

Potash permanganate, when associated with any readily oxidizable substance such as glycerin, explodes.

Digitized by Google

8. Chromic acid 10 gr., glycerin 1 dr.

This mixture is liable to explode, unless the glycerin is added to the acid drop by drop.

Iodine and ammonia form a very powerful explosive agent when combined, unless some water is introduced into the mixture, which seems to retard the development of nitrogen iodide, upon which the explosive properties depend.

9. Iodine ½ dr., linim. camph. co., linim. saponis aa 2 oz. M. F. Linim.

This combination exploded once in the hands of a pharmacist from the iodine and the ammonia in the liniment camph. co. coming in contact.

10. Acidi nitrici; acidi muriatici; Tr. nucis vom., aa 2 dr. M.

This prescription was once ordered by a physician, and exploded after several hours.

11. Acid. nitro-mur., 1 oz., Tr. cardamomi ½ oz. M.

Also this combination was the result once of a serious injury.—*Pacific Medical Journal.*

Oophorectomy.—Battey's Operation.—Spaying.—Castration of Women.

Ultimate results.—1st, Aphrodisia.—Patients who have been subjected to the operation have not in any case complained of the loss of this power, but on the contrary they have, in a number of instances, borne testimony to their full competency. 2d, Female graces.—These have not been impaired in any case, but a positive gain has often been noted. 3d, General health.—As the operation is proposed only as a *dernier ressort* and in cases of a desperate character, whatever of benefit is to be secured is to be accounted so much actual gain. It is hypercritical to object that some of the cases are not benefited and others are not wholly cured. Comparing the cases tabulated as complete operations, we find:

Cured, 68—75 per cent.; greatly benefited, 15—17 per cent.; not benefited, 7—8 per cent.

Of the incomplete operations: Cured, 3—18 per cent.; greatly benefited, 7—41 per cent.; not benefited, 7—41 per cent.

In several instances where the results were unsatisfactory for some months (or even a year or more), the patients were subsequently much improved, and a few were even completely cured. It is premature to set down any case as a failure until ample time has been allowed for the cyclical change to have become complete in its entirety.—*American Journal of Obstetrics.*

Digitized by Google

Therapeutic Notes.

The following formulæ of the New York Hospital for external use we take from *The Druggists Circular and Chemical Gazette*:

LEAD AND OPIUM WASH.

℞ Liquor plumbi subacet, 3 drachms.
Aquæ, 1 pint.
Tr. opii, 4 drachms.
M.

COMPOUND TINCTURE OF GREEN SOAP.

℞ Oil of cade,
Green soap,
Alcohol, equal parts. M.

CHURCHILL'S TINCTURE OF IODINE.

℞ Iodinii, 1 drachm.
Potassii iodidi, 2 drachms.
Aquæ distil.,
Alcohol, aa. f. 2 ounces.

IODOFORM CYLINDERS.

℞ Iodoform, 2½ drachms.
Tragacanth, 15 grains.
Mucilag. acaciæ, q. s.
Divide in 10 cylinders, 1½ in. long.

EPILATING STICK.

℞ Wax, 3 ounces.
Shellac, 4 ounces.
Rosin, 6 ounces.
Burgundy pitch, 10 ounces.
Damar, 12 ounces.
Melt together and roll into sticks of different diameters.

PARASITICIDE.

℞ Acidi carbol, 10 grains.
Ungt. hydrarg nitrat,
Sulphur. precip., aa. 1 drachm.
Ungt. simplicis, 1 ounce.

STIMULATING LOTION.

℞ Arnicæ tinct., 20 minims.
Spts. rosmarin, 15 minims.
Aq. dist., 1 ounce.

The following are for ointments:—*Ibid.*

CARBOLIZED VASELINE (SATURATED).

℞ Vaseline, 20 ounces.
Acid. carbolic, crystal, 1 ounce.
Melt each separately and mix.

COMPOUND IODOFORM OINTMENT.

℞ Pulv. iodoform,
Acidi tannici, 1 drachm.
Vaselinæ, 1 ounce.

OINTMENT OF TAR AND OXIDE OF ZINC.

℞ Ungt. picis., 4 drachms.
Zinci oxidi, 1 drachm.
Cerat simp. 1½ ounce.

LEAD AND ZINC OINTMENT.

℞ Plumbi acetat, 10 grains.
Zinci oxidi,
Hydrarg. chlor. mitis,
Ungt. hydr. nitratis, aa. 20 grains.
Adipis recentis,
Olei palmæ purific, aa. ½ ounce.

The following are for mixtures:—*Ibid.*

COUGH MIXTURE.

℞ Ether, sulph., 3 drachms.
Tinct. hyoscyam,
Syr. pruni virg.,
Syr. tolutan, aa. 1 ounce.
Aquæ, 4 ounces.
Dose, two to four drachms.

CHLOROFORM COUGH MIXTURE.

℞ Morphiæ acet., 3 grains.
Tr. belladonnæ, 4 drachms.
Spts. chloroformi, 6 drachms.
Syr. senegæ, 1 ounce.
Syr. pruni virg., ad. 4 ounces.

ALKALINE MIXTURE.

℞ Potass, acetat., 2 drachms.
Potass. et sodii tartrat, 1 ounce.
Syr. zingiberis, f. 1 ounce.
Aqaæ, 3 ounces.
M.

(Dr. Hawley).

℞ Potass. citrat, 1½ ounces.
Syr. limonis,
Aquæ, aa. 3 ounces

KELLY'S TONIC.

℞ Tr. nucis vomicæ, f. 2 drachms.
Acid. nitromuriat. dil. f. 3 drachms.
Tr. cinch. co., f. 1½ ounces.
Tr. gent. co., ad. f. 3 ounces.
Dose, two drachms in water three times a day.

KNAPP'S TONIC.

℞ Pulv. cubebæ, 3 drachms.
Tr. cinch. co. f. 4 ounces.

HAMILTON'S TONIC.

℞ Strychniæ sulph., 8 grains.
Cinchonidiæ sulph., 1 ounce.
Tr. ferri chlor., 6 ounces.
Syr. zingiberis,
Acid. phosphoric, dil. aa. 16 ounces.
Dose, one teaspoonful three times a day.

MIXTURE OF QUINIA, COMPOUND.

(Dr. Kelly).

℞ Quiniæ sulph., 2 drachms.
Acid. sulph. ar., f. 4 drachms.
Tinct. cinch. co., ad. f. 3 ounces.

Digitized by Google

THE PEORIA MEDICAL MONTHLY.

EDITORS:

DR. J. MURPHY, DR. J. L. HAMILTON, DR. H. STEELE.

THOS. M. McILVAINE, A. M., M. D.,

Managing Editor and Publisher,

204 South-Jefferson Street, - - - - - PEORIA, ILL.

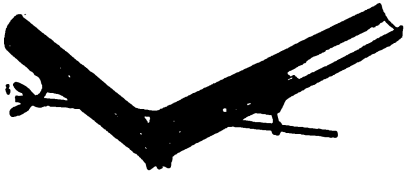
*** All exchanges, books for review, and communications must be addressed to the Managing Editor and Publisher.

*** The publication day of this journal is on or about the 5th of each month

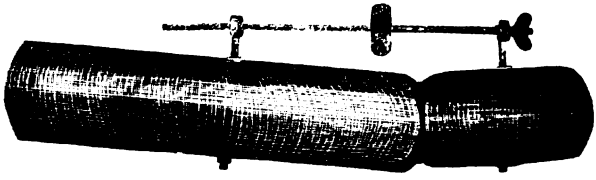
Editorial Department.

Dr. J. T. Stewart's Elbow Splint.

(No. 1.)



(No. 2.)



The splint, as will be seen by reference to the above cuts, consists of two parts, a short arm-piece and a longer forearm-piece, extending to the hand, united by a hinge. At the outside of the splint an iron rod, with screw thread cut on one end, passes between the two parts of the splint for the purpose of fixing the arm in any position desired, or for moving it in either direction, slowly but forcibly. The button on the center of this rod is for the purpose of effecting this motion. The thumb-screw at the end of the rod permits of the rod being loosened at that end and turned

Digitized by Google

to one side, thus affording no obstruction to the application of the bandages. By reference to Cut No. 2 it will be seen that the cross pieces through which the screw-rod passes can be reversed, thus making each splint adaptable to the treatment of fractures in either arm. The shorter arm-piece in this cut is made to appear entirely too short; the proportions are much better given in Cut No. 1.

This splint was devised by Dr. J. T. Stewart, of this city, ten years ago, although it has never been brought before the medical public through the press. Nearly all of the physicians of this city who practice surgery use it. We consider it too valuable an improvement to be hid away in a corner, hence we have prevailed on the doctor to permit us to bring it before our readers. The screw attachment is all that the doctor claims as original, and that is the part which is invaluable in the treatment of fractures of the elbow joint. With it passive motion, which is essential in these cases, can be made with more ease—better and more perfectly—than with any other apparatus with which we are acquainted. With it the surgeon can gradually and surely force the arm out and in to any desired extent. Not only this, but the patient can be instructed how to do the same in the absence of the surgeon.

It is the hinge-splint of Day, which is applied to the back-side of the arm. That splint had a copper or brass strap fastened on a pin in the front part of the splint, but we consider the screw power as immeasurably superior to the strap, both for making passive motion and for fixing the joint.

We regret that the engraver did not supply numbers by which the different parts of the splint could be more clearly explained, but we hope our explanation will be clear enough to enable all to appreciate the advantages of this most useful splint.

Physicians versus Pharmacists.

PAPER NUMBER III.

We have given our druggist friends abundant opportunity to present their side of this question in the pages of this journal, and have printed everything that they have

Digitized by Google

seen fit to send to us. The subject has two sides, although, to judge from the arguments adduced by the papers referred to, or the silence of all others, one could conclude that there was but one side to it. We now propose to change places for the time being, and, imagining that we were on the other side. to present the subject from the standpoint of a druggist, and shall now write as a druggist.

First. Let me give the experience of a prominent druggist, not a thousand miles away, as related by himself:

"When I first opened my store," said he, "I had some prescription business, but it soon fell off, and as my neighbors had plenty of it I was puzzled to know the reason why. I asked an old medical friend one day what the reason might be, and he knowingly replied: 'Have you *seen* any of the doctors in the vicinity of your store?' The manner of his speech gave me a clue to his meaning, and I visited two or three of them, and in a short time I regained a full share of the business. I do not mean to say that I bribed any of them, but I do mean that the inducements I held out looked mighty much like it."

Another druggist told me a short time ago that the reason a certain physician quit sending him his prescriptions was because he refused to increase the commission from twenty to fifty per cent.

A physician gave as a reason for moving his office, "that the druggist who put up his prescriptions wanted to charge him $5.00 a month for his office (which was worth at least $20.00), and he was not going to stand it."

Many similar instances might be brought forward to show that the physician is not always the disinterested party that he would like to appear. As a druggist, I ask is this right? Or supposing that it is, should physicians grumble when we try to make up a part of their commissions by prescribing for cases of pox or clap?

Second, I acknowledge that there are some parties engaged in the sale of drugs who care more for the dollars they can make out of it than for the means by which these dollars are made. And it is through the influence of this class of druggists that the rest of us, who make some pretentions to honesty of purpose and professional feeling, are

Digitized by Google

compelled to do, for the sake of preserving our business, what we are willing to acknowledge we would prefer not to do.

Physicians oftentimes, to secure or retain the patronage of certain persons, do these things which they condemn as quackery, and we can justly say to them, rid your profession of these quacks, both the open and concealed kinds, and then we may hope to rid our profession of those who force us to similar practices.

Third, Physicians make a considerable outcry about our extortionate charges, and that we are all getting rich, while they are but making a meagre living. To this we can say, let them attend to their business as we have to attend to ours, and they would not find themselves so badly off. If they do not collect their accounts that cannot be charged to us. We collect our bills every thirty or sixty days, and if in that time a party refuses to pay, we no longer give him credit. While physicians, on the contrary, let their accounts remain open six months or a year, and at the end of that time are surprised and aggrieved to find that their debtor is either a dead-beat or has left town. Why should they blame us because we attend to our business on business principles and make money? Should we attempt to run our stores on professional principles borrowed from a majority of physicians we would soon join them in a race for the poor house.

In the matter of extortionate charges, we certainly have as good a right to make our prices to suit ourselves as the physician has to charge a poor devil ten or twenty dollars because he has had the bad luck to get the clap. Nay! is that not even worse than anything we do in charging?

Fourth, As regards the sale of patent medicines, it is simply a choice between two evils, so far as the physicians and the public are concerned. Should we refuse to sell them, how long would it be before they would be on the shelves of every family grocery? Acknowledging, as every fair-minded druggist must, that harm oftentimes follows their use, and that the only cause of their manufacture is to make money, I still claim that we frequently can and do more for the welfare of the public in guiding their sale

Digitized by Google

than it would be possible for the grocer to do. If people are bound to have a patent medicine we cannot force them to apply to a physician for a prescription, but we can often sell them that which we know to be less harmful and more potent for their good.

Fifth and last, Although much more might be said upon this side of this question, many facts might be cited to prove that pharmacy is more deserving of the name of a science and art than medicine, thus giving it an equal, if not a superior, claim to the dignity of a profession, space will not permit of further discussion, and I will only notice the proposition advanced by some, that physicians furnish their own medicines. Well, if they want to they have every right in the world to do so, and we cannot prevent it. Let them try it, and if it pays them, and we suffer loss thereby, we must conduct our business in such a manner as to win them back to writing prescriptions.

The above will be allowed to be about the strongest and fairest presentation of the druggists side of the question that can be made from a practical standpoint, leaving out the ethical part of the question. And it must be confessed that all of the charges are to a certain extent true. Our purpose in thus presenting them has been not to withdraw anything that has previously been written in these pages, or to reconsider our firmly expressed belief that it is to the best interest of the physician to dispense his own remedies, but to call the attention of physicians to the fact that abuses are not all among the druggists. With the correction of such abuses as exist in the drug business that are opposed to the physicians interests we are not greatly concerned. We have in other articles given our reasons for urging the medical profession to dispense their remedies, and we still urge it. It will put them out of the power of unscrupulous druggists and add to their incomes. These should be reasons potent enough to at least merit a

Digitized by Google

trial, and we believe a trial of this plan would solve the whole difficulty.

We have been highly gratified with the manner in which our former papers in this matter have been received by the profession. Many physicians have informed us by letter that they have tried our plan and are highly pleased with it; and not only they, but their patients as well. With this ends our argument, and anything which we may write will only be in the way of urging the general adoption of *every physician dispensing the remedies he prescribes.*

Obituary.

J. P. McClanahan, M. D., of Alexis, Ill., sends us the following letter, containing the sad intelligence of the death of Edwin E. Kendall, of North Henderson, Ill., a prominent and worthy member of the profession:

Editor Peoria Medical Monthly:

It becomes my sad duty to report for your columns the death of another medical brother, Dr. Edwin E. Kendall, who died at his residence in North Henderson, Mercer County, Ill., on January 25th, 1882, of typhoid pneumonia.

Dr. Kendall was born in Worcester County, Massachusetts, October 13th, 1820. During his early life, by industry and self-sacrifice, he worked his way through an academical course of study, teaching during part of the time, and in like manner through his professional studies, graduating from the medical department of the University of Buffalo, N. Y., April 27th, 1853, the institution at that time being under the presidency of Millard Fillmore, the medical faculty being as follows: Charles A. Lee, M. D., Jacob H. Hamilton, M. D., Austin Flint, M. D., Edward M. Moore, M. D., George Hadley, M. D., John C. Dalton, Jr., M. D.

Dr. Kendall at first decided to practice his profession in the East, near his original home, but soon changed his mind, on account of failing health, or an attack of hæmoptisis, and resolved to try the West, to which he removed in the fall of the same year, 1853, wisely selecting for himself a rural location in Mercer County, Illinois, where his health seemed rapidly to improve and business to increase as the new settlers flowed in to what was then a comparatively

Digitized by Google

new and sparsely settled, rich prairie country. Among these settlers the doctor made many warm friends and confidential patrons, and for years fair health continued with him, notwithstanding his unrelenting promptness to attend calls, regardless of heat or cold, inclement weather or any disparaging circumstances. Business increased, until, by his untiring efforts he had accumulated of worldly effects a nice competence, not only for himself, but family. We regret to state that here a suit for malpractice was most unjustly brought and hotly contested against him, which, in judgment, costs, loss of time, and other expenses, nearly stripped him of his hard earned property.

He leaves a wife, four delicate and helpless little girls and one son to mourn his loss and suffer his misfortunes. Would to God that his persecutors had been present at his funeral, to have witnessed the tears and heard the lamentations of those children at the loss of their father and worldly protector.

Notes and Comments.

Bilroth has abandoned nerve stretching, after what he regarded as a fair trial.—*Detroit Lancet.*

The doctor's jokes are all very plain. There is a Holmes-pun look about 'em.—*Boston Post.*

The *Country Practitioner* has been suspended (temporarily we hope) on account of the ill health of its editor—Dr. Townsend.

Mr. Stephen Jenner, grand nephew of the discoverer of vaccination, is living at the age of 88, in great poverty, at Hearthfield, England.

Our offer of three points non-humanized vaccine virus to every *new* subscriber, is continued. See other special inducements on advertising page 275.

The *Detroit Clinic* comes every week to our table, with eight pages of first rate reading matter. It is published by Geo. S. Davis, Detroit, Mich., at $1 a year.

Sir Astley Cooper's idea of a doctor's wife was that she should be like roast lamb—tender and sweet, and nicely dressed, with plenty of fixings but no sauce.—*Ex.*

Digitized by Google

A lady visiting a friend just confined, remarked to the grandmother: "How small the child is." The old lady replied, "Well, we had a Homœopathic doctor."—*Cincinnati Enquirer.*

The following from the *Medical Record* is being much passed from hand to hand in New York. It purports to be from the opera of "Patience."

A New York medical man,
A very much advertised man,
A pills-in-variety, talk in society,
Each for himself young man.

A Philadelphia man,
An Index Medicus man,
A think-it-all-gammon, this talk of Buchanan,
Great-medical-centre young man.

A Boston medical man,
A hyper-historical man,
An ultra-persimmon toward medical women,
A Harvard-or-nothing young man.

A Chicago medical man,
A wide-awake, ethical man,
A good-as-the-rest-of-you, more-than-abreast-of-you,
Down-on-the-East young man.

Owing to the unusual demand for virus during the past two months, we have several times been delayed in sending out points ordered from us. We beg a slight indulgence, and promise to fill the orders as promptly as possible.

Dr. G. H. Ballerlay of Patterson, N. J., on May 15th, between 3 a. m. and noon, delivered three women, and in each case it was twins.—*Record.* Let us now hear from some enterprising western doctor; we can't afford to let the East beat us that way.

Those intending to contribute articles to this journal will mail them to us by the 15th of the month preceding that in which they wish them to appear. We ask every reader to send us a short practical paper.

Digitized by Google

It is stated in a late exchange that the notorious "tonga" suit brought against Parke, Davis & Co., has been decided in their favor. This is a verdict in which a vast majority of the physicians in the U. S. will heartily concur.

Receipts for January.

ILLINOIS.—Drs. A. Conkling, J. F. Todd, C. B. Maclay, O. F. Taylor, W. Laforgee, A. Hess, N. B. Ruhl, E. C. Nolan, W. C. Hill, W. T. Gerisch, A. B. Allen, W. V. Gutery, E. Wenger, D. Warren Miller, G. W. Doyle, W. H. Veatch, Geo. Schloetzer, G. F. English, V. B. Corey, Jno. Tenbrook, J. W. Curless, R. C. Poos, M. A. Bentley, E. T. Black, A. J. Miller, G. B. Ringland, J. F. Curtiss, J. Henry, J. R. Welch, D. W. Mourning, Geo. Willis, Nathan Holmes, R. B. Turner, D. B. Goldsmith, H. H. Littlefield, D. L. Russell, J. Nunnemaker, B. C. Smith, E. D. Rathbone, Geo. Bratton, J. J. Walker, L. A. Fisher, A. C. Williams, I. H. Dawson, C. H. Carter, D. W. Aldrich, J. P. McClanahan, John Wright, D. T. Stewart, A. L. Norris, W. A. Rennen, W. H. Githens, A. R. Graham, F. C. Robinson, S. S. Clayberg, H. Reader, J. H. Thompson, W. Hunter, W. D. Caldwell, J. R. McCluggage, T. A. Scott, J. R. Barnett, E. F. Cleveland.

IOWA.—Drs. W. G. Parish, Jason Roberts, J. P. Von Stein, N. Udell, R. Stephenson, C. C. Ferrell, F. P. Batchelder, A. J. Mitchell, E. S. Carlisle, R. LaGrange.

MINNESOTA.—Drs. R. L. Moore, A. F. Whitman, T. C. Clark.

WISCONSIN.—Drs. F. W. Moffett, J. I. Bennett.

INDIANA.—Dr. M. L. Humeston.

KENTUCKY.—J. N. Powell, J. J. Rodman, H. Trigg, Duncan and Douglas.

ARKANSAS.—Dr. J. R. Bremer.

MISSOURI.—Dr. M. F. Rolens.

KANSAS.—Dr. H. Hannum.

Some Things that may Interest You.

The attention of every reader is earnestly called to the advertisement of *Crystal Pepsin* on page 273 of this number. Dr. Jensen has certainly succeeded in manufacturing the finest Pepsin ever put before the profession. Comparing it with other goods in the market, one grain of this Pepsin, it is claimed, and on the very best authority, will digest 500 grains of albumen, while the highest claim which we have noticed for other makes is about 250 grains. Other valuable properties are claimed for the Crystal Pepsin, such as being perfectly soluble in water without the use of acid—its crystalline form, making it always reliable, etc.

Pepsin is a valuable agent in treatment of disease when scientifically administered; but to get good effects you must have a good article. We do not know of a purer or more reliable article than that known as Dr. Jensen's Crystal Pepsin. Send for a sample and try it.

The W. S. Merrell Chemical Co. present some pertinent truths to the consideration of the medical profession. Read what they say about a "growing evil," on page 265.

Digitized by Google

THE PEORIA

MEDICAL MONTHLY.

VOL. II.——MARCH, 1882.——No. 11.

Original Communications.

ART. I.—Clinical Contributions to Electrical Therapeutics. PAPER No. IV.

BY ROMAINE J. CURTISS, M. D., Joliet, Ill.

LOCAL PARALYSIS—PARALYSIS OF SIXTH NERVE.

Case 1.—Mr. M., aged forty years, a carpenter, noticed an error of vision gradually increasing while at work or reading, and noted the remarks of his family and friends that he was cross-eyed. His left eye could not be turned outward, and he presented the usual signs and symptoms of the total loss of contractile power of the external rectus. When he came to me he was considering the proposition made to him to have the operation made for strabismus. I discouraged the operation, and suggested the use of galvanism as a more appropriate remedy. The interrupted galvanic current from ten cells was applied in such manner as to include the rectus in the circuit, one pole being applied over the outer canthus—being a wet sponge—and the other over the mastoid or behind it. The applications of the current were made in this manner for six weeks, on an average of three times a week. During this time there was no apparent improvement, though I believed there must be improvement in the original nervous lesion. At the end of this time I increased the quantity of electricity

Digitized by Google

to forty cells and diminished the intensity by the rheostat to avoid cauterizing the eye. Only two such applications were made when the patient ceased to call, and I saw no more of him for several weeks, when I met him on the street, observed his eye was straight, and he remarked that "that last dose fixed me; my eye has been all right ever since."

FACIAL PARALYSIS.

Case 2.—Mrs. P., aged about twenty-four years, mother of two children, weight about 160 pounds, took a walk two miles into the country on a day in July, 1881, when the thermometer marked 100 degrees Fahrenheit. She returned in the evening heated, fatigued, and with a "frightful headache." She passed a restless, sleepless night, and the next morning had paralysis of left side of face. Her mouth was drawn to the right side, her left eye turned inwards, and whenever she winked the eye would describe a complete circle of motion, and settle down again in a fixed position, with the axis pointing as far toward the right as possible. Her facial expression was changed, and there was entire loss of motion and sensation of left face and eye, corresponding with the area of motion and sensory innervation given by the sixth, fifth, and facial nerves. Treatment by the interrupted galvanic current was begun the same day, and the patient also took on this day ninety grains of bromide potass. The positive pole was applied to the mastoid and the negative to the various motor points of the face. After the second trial the electro-motor response of the muscles was prompt when forty cells were used. The treatment was continued every other day until the current had been applied ten times, when she was cured,—both sensation and motion of face and eye being fully restored. In this case the improvement after each dose of the electricity was very marked. The eye was the last to recover, and the recovery of sensation and motion throughout was simultaneous and complete.

APHONIA.

Case 3.—Miss ——, aged seventeen years, became hoarse, and shortly after lost her voice. She remained in this con-

Digitized by Google

dition several months, when she visited a dentist to have teeth extracted, and I was called to superintend her etherization. I made some inquiry about her loss of voice, and thinking she was hysterical I proceeded to give the ether. To my surprise she continued to whisper while delirious with ether, and even screamed in a whisper, whereat I dismissed the notion of hysteria in her case. I afterward examined the case and found no disease of the vocal cords. though she had catarrh of the pharyngo-nasal cavity in an extreme degree, and I attributed her aphonia to reflex paralysis from this cause. In this case treatment was directed to the antecedent catarrh and the sequent paralysis, the former being treated in the manner recommended by Dr. Rumbold, and the paralysis by the induced current to the larynx, by placing a wet sponge electrode to each side of the larynx. In several cases of aphonia which have been treated by me the galvanic current has always failed. I did not try it in this case. The patient was treated by induced current, as described, for two months, on an average of three times a week. She did not recover "phenomenally," but when she began to speak loud was very hoarse, and presented very queer phenomena relating to control of pitch and volume of tones. She was gradually from this time restored to her natural voice.

Case 4.—Mr. ——, aged fifty-eight years, engaged in insurance business, lost the power of speech to the extent that a few minutes' talk would cause so much pain in the larynx and lower jaws that he would be obliged to hold his peace for the time. He was not hoarse, nor did he ever lose the power to speak loud, but the paresis was so great that he was conscious of the will power expended in speaking each word, and the sensory element was so great that each effort of the kind would be followed by pain. On examination with laryngoscope, I could see no disease of the vocal cords, though he had pharyngo-nasal catarrh and partial deafness, and subjective sounds from eustachian disease. He stated that his form of disease was a family disorder, and that his brother, a minister, was forced from his labors by reason of a like disease, coming on at about

Digitized by Google

the same age. I began the treatment of this case by use of the induced current, as in the previous case, and made applications of silver solution up in the pharyngo-nasal cavity, on a swab, using for the purpose a pledget of absorbent cotton, wrapped on a flexible silver probe, bent to suit the anatomy. In two months' time the patient was no better, and consulted an eminent specialist on the respiratory organs, who found no lesion of larynx except the neurosis, and advised cod oil and a trip to Lake Superior, and told him when he returned, if not well, to continue the electricity, using galvanic current very mild. The patient spent a month up "among the pines," and boating up and down the lake, when he came home very glum and discouraged. By this time I was provided with the excellent method and apparatus of Dr. Rumbold for the treatment of catarrh, and the patient was treated by this method and electricity "off and on" for a year, when he pronounced himself cured. The patient has remained well ever since, —now about a year,—and follows the business of talking people into insurance with eloquence and success.

ASTHMA.

I have no better reason for classing asthma as a local paralysis than the fact that the summary of symptoms, as presented to the consciousness of the observer, is a picture of paralysis of the respiratory function. Without doubt asthma is a nervous disease, and by whichever route along the series of signs and symptoms the study of the disease is approached, the various phenomena hinge on an affection of the respiratory centers. The symptomatology consists of dyspnœa, spasm of the minute bronchia, bronchitis, with muco-purulent secretion, and also presence of octahedral crystals and degenerating cells in bronchial tubes. There is irritation of the vagus, and generally a lesion of some other organ within the reflex horizon of these symptoms. Add to these signs and symptoms the characteristic rhythm and we have the picture of asthma. It is impossible to take these phenomena and arrange them satisfactorily in physiological order of sequence. The great antecedent is not a constant quantity, nor is there a constant

Digitized by Google

cause of asthma of a like nature. Probably the most constant quantity in any disease is the rhythm of the pathological action, and that most of our remedies act by changing the rhythm. It is certain that the antecedent of most diseases is unknown, and the action of the remedy which is known to cure the disease is unknown; and further, in many diseases, the cause of which is known, the cure is known to not have any direct action on the cause. Disease consists of a series of signs and symptoms, the removal of either one of which may break up their rhythmical action and destroy the disease. Quinine will cure ague, but its power over "malaria" seems rather mythological when it is remembered that an emotion may cure ague equally as well. In any disease, which, like asthma, may consist of a series of signs, symptoms and conditions, the cure of the disease by removing one of the signs, symptoms or conditions does not prove that the factor removed is the grand antecedent or cause of the remainder, but in my opinion its removal in this manner proves that the activity of the removed factor was necessary to maintain the rhythm of the pathological forces and present the picture of the disease.

In asthma, a successful treatment may be addressed to the bronchitis, the spasm of minute bronchia, the irritation of the vagus, or to any remote factor of the disease in the reflex horizon, which may, perhaps, be pharyngo-nasal catarrh. The more marked the rhythm of a disease is, the more easily it may be broken up or changed; or, in other words, the less complex the rhythm the less complex is the remedy required.

There is no better evidence of the truth of this pathological and therapeutical law than that afforded by the simple rhythm of ague, and its more complex rhythms in its intermittent and remittent forms. One of the most successful physicians I knew in younger days, was a gentleman in Ohio, and no matter what might ail his patient, the doctor was always hunting for the rhythm, or as he termed it, a "malarial complication or intermittent form of the disease," and his remedy was generally quinine. It appears to me that "intermittency" in many diseases, even if

Digitized by Google

broken up and cured by quinine, is not clear proof that "malaria" has any part as a factor in the case, from the fact that all diseases necessarily have a rhythm more or less complex, and that states of emotion, from purely mental origin, will effectually destroy malarial intermittency in its typical form of ague. I think there is no more important factor of pathological force when viewed in the interest of cure of disease, than its rhythm, and since I have given up the habit of trying to find the antecedent cause in diseases, I have been much interested in the effects of remedies which, by removing a factor of disease, or possibly by adding a factor, as many remedies do, break up the rhythmical action by which the disease is characterized. To my mind it is generally the case that instances of "rational medicine," where they do occur, are samples of breaking the rhythmical action of diseased forces, rather than in removing a discovered first cause, and I cannot cite a better existing verification of this proposition than the disputes which the professional headlights are having on the subject of the relations of phimosis and paralysis. As is well known the surgeons, notably the surgeons of the urinary organs, contend that phimosis is the great, or one great, antecedent of paralysis, of atrophy of optic nerve, of softening of the brain, of hip-joint disease, of deafness, of amaurosis, etc., etc.; while the alienists and neuro-pathologists contend that this is an error, or that even the very contrary may be true.

If anything is demonstrated in physic it is that nervous shock is a chief factor in the etiology of disease, and I can see no reason why it may not be equally as influential as a therapeutic agent, and it is by this method that circumcision is able to cure paralysis, atrophy of the optic nerve, insanity, hip-joint disease, brain softening, spinal irritation, and other cases reported. To my mind it seems clear that nervous shock in such cases as result from the operation for phimosis or dilation of the urethra, acts beneficially by breaking the rhythmical action of the pathological forces, which produce, or which constitute the disease.

Digitized by Google

The rhythm of disease varies in different diseases in degrees of simplicity and complexity as relating to motion and to time. There is a great difference in the rhythms of pathological forces, which may be readily appreciated by the student in the two diseases—ague and pulmonary tuberculosis. What is more simple in action, or more readily broken up, than the rhythm of ague, or what more complex or difficult of "cure" than the same factors in tuberculosis?

Case 5.—Mrs. B., aged 54 years, had asthma for ten years. Her chest had the characteristic contour of this disease. Her paroxysms, which usually occurred every two or three weeks during fall and winter, were of the severest type. She had lately found relief in Jonas Whitcomb's Asthma Remedy, a mixture of iod. potass., blood root and gin, which she stated would generally relieve her in a few hours. I saw her the first time during a paroxysm, and used by inhalation a mixture of chloroform and nitrite of amyl with good effect; but the second time this remedy was used the effect was such that I abandoned it. At the next paroxysm I determined to try electricity, and did so, placing one pole under the ear and the other over the diaphragm. The current was used in this way for about twenty minutes, when the patient invited me to stop. I noticed that she was continually clutching at her throat during the paroxysm, and this led me to apply the poles of the battery one on each side of the neck, and the effect was to stop the paroxysm. The patient afterward purchased a Kidder machine and succeeded in curing herself of her asthma.

This case occurred ten years ago. Since then I have tried electricity in all cases of asthma I have met. I have never succeeded with galvanism, but in cases of asthma having catarrh of the nasal-pharyngeal cavity the induced current has always been of benefit, and in several cases has been sufficient to cure.

OPIUM PARALYSIS.

Case 6.—Mrs. M., aged twenty-three years, married to her second husband and mother of three children, drank a

Digitized by Google

pint of brandy during a forenoon and about twelve o'clock swallowed an ounce of laudanum. The servant girl was cognizant of the facts, and when her mistress became unconscious gave the alarm. When I saw her about two hours afterwards, she was unconscious, surface cold, pulse scarcely perceptible, her head drawn back, eyes open, suffused, and cornea insensible; her mouth open, tongue paralysed, and respiration four or five a minute and stertorous. The servant said patient had not vomited—not even any of the brandy. I could not give her an emetic, and had no emetic I could give hypodermically. I gave gr. 1-100 sulph. atropia, which was repeated three times during the next twenty-four hours. The recovery of this case was due to the fact that respiration was kept up by the induced current for over twelve hours. One pole was applied on the neck below the ear, and whenever the other was applied over the diaphragm she would breathe—sometimes breathing two or three times. At the end of about twelve hours the respiratory function was restored, but she did not recover consciousness for several hours afterwards.

PARAPLEGIA FROM SPINAL CONCUSSION.

Case 7.—Mr. ——, aged fifty-five years, on a Sunday morning, when "full" of hard cider, climbed a tree about thirty feet after a swarm of honey bees. He sawed off the branch on which the bees had settled, and himself, branch and bees came down together by force of gravity. Tradition has adopted a theory of the cause of the accident, and the story is current throughout the neighborhood that the valiant bee hunter actually sat down on the limb and sawed it off between himself and the tree. At all events he fell about thirty feet, striking on his buttocks. The first symptoms were those of shock, from which he rallied in a few hours, complaiming of intense pains in his spine, sides, and lower extremities, with retention of urine, and it was soon manifest that he had paraplegia. The motor paralysis was complete throughout his lower limbs, but he retained some sensation. In about six weeks he could sit in a chair; had recovered some motion, though he could not stand. At this time I began to use the galvanic current,

Digitized by Google

making daily applications to spine and paralysed parts. His recovery was very rapid, and in two months was complete.

Case 8.—Mr. ——, in company with five others who suffered a like injury, was a victim of a railway accident—the Angola disaster. The car fell about sixty feet, and these six cases were rescued from a death by fire, and had no injury but concussion. The special case and two others were unconscious for twenty-four hours, and were treated in the usual manner for shock. When shock was recovered from paraplegia was discovered. The special case and two others recovered by use of galvanism in six weeks. The other cases I mention only to show the varieties of spinal concussion. These cases recovered from shock, settled their claim for damages and went on their way. In periods of time, from two to four months in the different cases, paraplegia was developed. Since then I understand two have recovered.

PARALYSIS OF THE UTERUS.

The uterus is inert, relating to muscular energy when unimpregnated and during gestation. From the beginning of labor until some hours after, a new set of physiological laws control it, and there are manifested rhythmical muscular contractions. Cessation of labor pains, with its consequences relating to child-birth and post-partum hæmorrhage, are formidable complications. In cases of weak pains, or in total "inertia" of the uterus during or immediately following labor, electricity, other things equal, is second to no remedy, and in most cases the remedy is preferable to ergot.

Case 9.—Mrs. —, a multipara, aged 37 years, was taken in labor, and two hours after sent for me. When I arrived something had suspended the rhythm of parturition, which I could not discover. The os was partially dilated and dilatable. Child alive, with vertex presentation. Patient stated she was always delivered in labor by forceps, and that the reason was, cessation of labor pains, and I was requested to complete the labor in this manner. I explained why I could not then apply forceps, and advised her to

Digitized by Google

wait. The next day I was sent for again, and found the tide again coming in and labor in full progress. To my surprise the pains soon stopped abruptly, the os being fully dilated and bag of waters protruding. I again left her, and she passed a comfortable twenty-four hours, when labor was again established. I visited her, taking an electro-magnetic machine. As I expected, pains again ceased when the head was in the pelvis. The patient clamored for ether and forceps, the propriety of which I could not deny, and in great anger the friends sent for another physician. I had forceps with me, but I wanted the patient to go through her labor. I applied the electricity, one pole on each side of the uterus, and half way between pubes and umbilicus. The uterus responded instantly, and I could bring on contraction at will, and continue it as long as I kept the poles applied. To test the case further I gave ether and continued to conduct the labor, which was soon completed. My friend, Dr. —, arrived too late to witness the birth.

Case 10.—I was sent for at night to attend Mrs. —, multipara, native of the "Emerald Isle," aged 38 years. Labor progressed normally and rapidly for two hours. The os was well dilated, bag of waters protruding, when pains abruptly stopped without discoverable cause. After using friction to uterus through abdominal walls, and giving ergot, I ruptured the membranes, and waited two hours without a sign of labor being resumed. Counsel was now called, who used friction to uterus, body and cervix, for some time; gave gr. 10 quinine, more ergot, some whisky, and then, as labor was not resumed, advised waiting, and went home. Thinking the case over I sent for the machine and applied as before. The current was rather strong, as all hands were in ill temper. The patient screamed with pain, a contraction of the uterus followed, and labor was completed with one pain.

Case 11.—Mrs. —, aged about 26 years, a multipara, was delivered after six hours labor. I removed the placenta by Credes' method, applied a "binder" after contracting the uterus, and left her. In two hours was sent for in great

Digitized by Google

haste, and found the patient with concealed hæmorrhage, I removed clots and secured contraction of uterus, but found that I was obliged to maintain pressure to maintain contraction, and that the bleeding was continuing. Two hours were spent giving ergot, carbonate of ammonia, and compressing the uterus, before I thought of electricity, and another hour before the machine could be obtained and made to "work," and all this time the patient was losing blood. The use of the induced current set matters right. This case occurred early in my obstetric experience, and I will never forget my anxiety while giving the patient ergot, etc., and compressing the uterus while she continued to bleed.

PROLAPSUS UTERI.

I do not classify prolapsus uteri as a local paralysis, though I will mention in this connection that during the last year I have treated six cases of this disease successfully by means of the induced current. The cases were characterized by absence of any disorder of an inflammatory character, and appeared to be due to a relaxed, toneless condition of the pelvic organs. Two of the cases were married; four were single. In each case there were neurasthenic complaints and irritation in the spinal horizon of the pelvis, but whether the irritation and neurasthenia was the cause of prolapse or *vice versa* was a question I could not satisfactorily decide, as I am unbiased in mind by specialism of either a uterine or spinal character. The cases were much alike, but differed in degree of prolapse and amount of sympathetic disturbance relating to nervous system. In each case the induced current was applied with the negative sponge electrode over abdomen, and the other by means of a vaginal metal electrode. In one of the cases amenorrhœa had existed over a year and the function was restored. The patients were hard-working women, and none had any hysterical symptoms. In two of the cases I removed pessaries which had been worn for some time. The electricity was used on an average three times a week, and the average duration of treatment was three months. The duration of the disease varied from

Digitized by Google

two years to five. One of the cases who reported to me from Bay City, Mich., was a bed-ridden invalid for a year, her chief symptoms being those referred to spinal irritation. This lady's health was restored by the treatment as detailed in two months.

ART. II.—Rubeola or Variola? By JOSEPH A. STITES, M. D., Physician and Surgeon to Nye County Hospital and Prison, Belmont, Nevada.

An epidemic has been raging in this mining camp of Belmont for the past month, new cases appearing every day up to the present writing. The object of this writing is the desire to obtain the opinion of the medical profession in diagnosticating the cases, I being unable to determine whether they are those of measles (rubeola) or small-pox (variola).

It first occurred in a girl of ten years, and the news spread rapidly that she had "measles." Her mother gave her the simple household remedies, and in a week I saw her on the street with eyes congested and quite reddened, the eyelids swollen; no cough, no fever. The next one attacked was a young lady living quite a distance from the previous case. She was only in bed half a day and remaining indoors one day. The day after the attack she walked a mile to a frozen pond, where she skated for several hours, spending the evening in a large company, seemingly, and she assured those present of her usual perfect health. I saw her on the streets the following day (the third day of the eruption) and the rubeola was quite thick, eyes reddened and coryza, no cough, complained of no inconvenience, and only remained in the house the first day of the attack because of her mother's express commands to do so. In this family (eight persons) every one was affected the same, lasting from one to four days. I was not called in attendance on any of them. I had my doubts as to its being rubeola mainly because of the absence of any symptoms, precursing symptoms, and the absence of any serious sickness of those attacked, or any sequela following their rashness in so soon appearing outdoors, all the symptoms being

Digitized by Google

at their height. The thermometer at this time ranged from thirty degrees below zero (night) to thirty above zero for the greater period of the past four months.

The mothers of these children were in doubt as to this rash being genuine measles (rubeola). They had never seen it in so light a form, that that they had seen in their experience being of a much more severe type, with coryza, acrid muco-serous discharge from the nostrils, eyes reddened and irritable, subacute laryngitis, bronchitis, etc.

From the difference of the attacks seen by them heretofore, and those now seen, they felt dissatisfied with the term measles (rubeola), considering it inapplicable to the present epidemic, and so applied to me for my opinion, which I refused to give, stating as an excuse my non-attendance on any of the cases.

I was called to a case of this eruptive disease and went prepared with my thermometer and paper to take notes and the temperature and observe all symptoms that should present themselves. It was a girl of ten years, of nervous temperament, had a cold, and the night before her sister had been up all night with her, she having all the symptoms of croup, so the latter thought. Ipecacuanha and squill syrups were given freely, in very large doses, to relieve the croupy symptoms. It was finally concluded best to send for me. I found her with eyes reddened and bloodshot, irritable and watery. Epiphora was well marked, the tears excoriating the face, with frequent sneezing, acrid muco-serous discharge from the nostrils, the cough dry and sonorous and very painful. She complained of her throat being very sore, and was trying hard to resist the coughing spells, so as to avoid the disagreeable, painful soreness of the throat, intensified by the coughing, the pain of which caused her to cry at times most pitiful, the pharynx being the seat of the inflammation and causing the pain. Fever and febrile movement very prominent, temperature ranging from 103 to 106. For three days previous to this she complained of chilly sensations and shivering, appetite impaired; did not complain of vomiting (nausea), but had pain in the head and limbs, lassitude and debility; consti-

Digitized by Google

pation existed; convulsion at midnight of the day I was called. The sister, much frightened, immediately called me in. I concluded it was caused by the increase of temperature, the eruption being at its height. Epistaxis did not occur as I have seen it in some cases. Spasm of glottis or false croup occurred in this case the night before I was called in. The invasion in this case was just four days. The convulsion in this case was not the ushering of the eruption, for when the convulsion occurred the eruption was then at its height, the entire body being covered with the red eruption resembling flea bites, the redness momentarily disappearing on pressure. There was considerable itching (pruritus) in this stage. The cough was not as severe as it had been, almost ceasing. Febrile movement on the second day disappeared altogether and hardly noticable. The eruptive stage lasted just twelve days. In the stage of desquamation the epidermis did not exfoliate in briny scales, as it should in this eruptive disease, and no scaling or peeling off, and the skin was as smooth as ever. The eruption seemed to recede gradually after reaching its height, and you could not tell now that the child had had an eruptive disease. Treatment was as follows:

℞	Liq. Ammonia acet.,	2 ounces.
	Syrup Limon.,	1 ounce.

M. Sig. Tablespoonful every three hours; warm flaxseed tea *ad libitum;* kept patient in bed in a dark room; applied vaseline all over her body to allay itching (pruritus), and applied oiled silk over her chest.

About the time of her recovery I received fresh vaccine, so vaccinated, among a number of others, all the members of this family. One week after vaccinating, I was called to the youngest child, five years old. She had some fever, was restless and flushed, and could see the rash, apparently, under the skin. This was in the afternoon. On making my visit in the morning, I was informed they had found, on undressing her the previous night, that her arm had taken. By morning the rash had entirely disappeared, and she has remained well since.

But a young lady visiting the family took down the same as the first case, the eruption, however, only lasting

Digitized by Google

four days, ushered in with croupy cough, cold chills, great lassitude, pain in her limbs, and a strictly aching feeling. The vaccine did not act in this case.

The eldest sister, a lady in her fifth month of pregnancy, was taken down with severe chills, pain in her loins and back; bronchitis very severe, with the pharynx trouble the same as the first case, restraining the cough on account of irritation of the pharynx; constipation, high fever, nausea, unable to retain anything on her stomach except brandy and milk; complete prostration. She remained in this condition four days previous to the appearance of the eruption. Her eyes from the first were much congested, bloodshot and unable to bear the least light, muco-serous discharges from the nostrils (cephalalgia), headache very severe. The patient stated that she thought her head would split with pain shooting all through her head and back; anorexia persisted for three days; temperature 106; ordered warm drink to bring out the eruption:

℞ Pulvis. Ipecacuanhæ et Opii, 2 scruples.

Div. Chart No. 8. Sig. One powder every four or six hours, and two powders at night on going to bed; applied oiled silk over her chest; bedroom darkened; slow, moderate fire in bed-room stove. When the eruption made its appearance it looked like the *acne* eruption, and those little pustules diverged and intermingled with each other and formed large red patches. Their disappearance left a red patch about one to one and one-half inches in diameter, and these patches not disappearing for five days. This was its appearance on the upper part of the body. The palms of hands, soles of feet, and gluteus region, the skin all peeling off in hard, callous flesh in very large pieces, ranging from one to four inches in diameter, and complaining of great itching (pruritus). When I saw this semi-confluent eruption forming itself, I had little hopes for the child in utero, anticipating abortion, which as yet has not been threatened, though whether the child is so effected I can not say. That, of course, will be determined in the future. She remains very much prostrated; more so than any other patient.

Digitized by Google

I think this was a case of (variola) small-pox, and the patient being pregnant the disease did not show itself more fully, owing to the child taking up the virus. She, too, had been vaccinated without effect.

My next case was a woman about fifty years old, who had pneumonia, complicated with this epidemic rash, which was well-defined variola (small-pox). She made a rapid recovery and is now out.

One child was stricken after another till about thirty-five children had had it. As many as twenty-five adults, too, were down with it; all, however, in the mild, uncomplicated form; none of them so severe as the cases mentioned above, some being out continually at play while the rash was visible. The adults (generally men) were able to resume their various employment, indoors, in three or four days.

But three families escaped, my own being one of the fortunate, though more exposed than any other family to infection, my wife attending the family of the pregnant lady, and one of the children slept with mine the night before the visit to our town of the red visitant.

Kingston, a town thirty-five miles from here, had one distinct case of isolated small-pox (variola), the physician in attendance taking entire care of the case. That was one week before its appearance here. Our mail stage passes through Kingston, but there have been no other cases there and no people from here have been there. Now have we had measles (rubeola) or small-pox (variola), or a complication of both? And how came this complication to exist? As far as I can learn, it has not visited any of the adjacent towns, though a constant travel has gone on between Belmont and other near towns, and many of the recovered patients of the mild types have visited surrounding camps since their recovery.

Quinia sulphas was not given for the fever to the pregnant woman on account of its oxytocic effects, the simple sig. ammonia acet. being considered most advisable. No deaths occurred, and sequala has followed on none of those attacked, whether of the mild or severe types. There has been no case of measles in the county in several years.

Digitized by Google

ART. III.—**Some Considerations Relative to Acute Rheumatism and Its Treatment.** Continued. By J. MURPHY, M. D., Peoria, Ill.

While it is unquestionable that in this disease there is extensive disintegration of the tissues, very seriously aggravating the symptoms and materially interfering with the treatment, I am not aware of any method of medication by which we can avert or neutralize the disastrous consequences which that tissue change produces. Neither do I know of any adequate means that we possess to correct the depraved, or to increase the defective elimination, which are such prominent traits in this affection. The three great eliminators, bleeding, purging and sweating, which in other diseases demanding active elimination, we resort to with so much confidence, and usually with so much success, are here scarcely, if ever, beneficial, and not unfrequently I fear positively injurious. They do not reduce the pulse, lessen the temperature, nor restore the deficiency of urea, which is so conspicuous a symptom in this disease; neither do they appear to exercise any influence in curtailing the length of the malady, or in preventing the development or arresting the progress of cardiac symptoms.

Although the exaltation of the temperature, the rapidity of the pulse, and the threatening, if not already existing, disease of the heart, would appear to specially demand an energetic sedative treatment, we do not observe that this treatment has any special influence in subduing the two first symptoms, or in anticipating or influencing the last one. Antimony, digitalis, veratrum viridi, aconite, hydrocyanic acid, and colchicum, etc., have all been tried and have all conspicuously failed; none of them appearing to suit the peculiar character of the disease, or the special hyperinosis which characterizes it.

It would accomplish no good purpose to review in ever so general a manner, the long tedious list of so-called remedies, which has from time to time been foisted on the profession, with a faith amounting almost to idolatry, for the cure of this disease. A *catalogue raisonne*, of not less than fifty different remedies, has long been in the hands of the medical public, embracing every department of therapeu-

Digitized by Google

tics, possessed of the most opposite effects, embracing both acids and alkalines, and other agents almost equally antagonistic and incongruous. Such a farrago of agencies, often puerile in their conception, imaginary in their influence, and impotent in their results, we probably cannot find in the therapeutic history of any other disease. It is possible that some of them may, under certain conditions of the system, have exercised some modifying influence over the symptoms of the disease, and may have apparently cured some mild cases; but simmering them down in the cauldron of experience and common sense, the great bulk of those so-called remedies are found to be mere therapeutic shams, of no advantage to the rheumatism, and of no efficacy in the heart disease.

The only modes of treatment in acute rheumatism which are worthy of our attention, are the alkaline, the salicylic, and the application of cold to the surface of the body. I will pass each of these in review as briefly and tersely as their importance will permit. All of them are important therapeutic agents in this disease, but their respective advocates sometimes permit their enthusiasm to carry them too far, and thus lose to the profession hints and cautions of inestimable value. I like enthusiasm in our profession; it is the key-note to its advancement, but it ought to be kept within proper limits, and we should know when to put on the brakes.

While there is no lack of assertions as to the beneficial effects of both the alkalies and salicines in this disease, there have unfortunately been no persistent or successful attempts made by comparison or analysis, to ascertain in what class of cases one or the other may prove most advantageous, or whether one of them has any special power in certain cases more than the other. That much valuable information of a practical therapeutic character could be realized from enquiries made in this direction, there can be no doubt. I am prohibited from entering on this subject by the limits to which I am confined, and by the want of any reliable data to assist me in such enquiry. My own impression is, that in the present state of our knowledge, it is probably impossible for us to arrive at any conclusions

Digitized by Google

on this subject which would be generally applicable. In some instances, however, by studying certain conditions of the system which existed previous to the onset of the disease, and by observing existing symptoms also, we may be able at least occasionally to exercise a useful discrimination as to the remedies we should employ. For example, in persons of full habit, vigorous physique, active temperament, with a probable excess of fibrin in the blood, the pulse not over a hundred and thirty, and the temperature not over one hundred and three or four, with the secretions of the mouth diminished, great thirst, and much hyperpyrexia, in such cases the alkaline treatment is indicated, and in them it will probably continue to maintain its high character.

I have in a former number of this jouraal referred briefly to the alkaline treatment of acute rheumatism, and would remark here, that its failure in cases suitable for its use is frequently the result of its improper or inadequate employment, and from a misconception of the effects of the different alkalies which we use. Errors, I believe, have been frequently made in the doses administered, in not persisting properly in its use, in the character of the alkalies selected, and in their improper combination. Soda and potassa, the alkalies most generally prescribed, have very different effects on the human system. The salts of potassium depress the heart's action in large continued doses, weaken the power of the spinal system of nerves, and are liable to produce an anæmic condition of the system: while it is well-known that the salts of soda do not usually produce any of those disagreeable effects. Probably the most judicious and convenient method of administering those remedies is by the following or some kindred prescription:

℞	Potassæ acetas,	2 scruples.
	Sodæ bi-carb.,	1½ drachms.
	Aquæ,	3 ounces.

Mix, and render effervescent by the addition of two drachms of citric acid.

This draught should be repeated every three hours, until alkaline urine is produced. Its action is usually prompt; but if alkalinity of the urine and sweat does not soon follow, and especially if there are any depressing

Digitized by Google

effects manifested, it is probable that the absence of the first condition, and the existence of the last, is owing to the retention of too large an amount of the alkalies in the system. Under those circumstances the above draught should be rendered aperient by the addition of two scruples of potassio-tartrate of soda, instead of the acetate of potassæ, and tartaric acid in place of the citric acid; by these means the excess of the potass. salts is eliminated, the prostrating effects of that excess are removed, and the urine becomes speedily alkaline.

After this object has been accomplished, after the alkalinity of the perspiration and the urine has been fully established, the alkaline treatment should be reduced to the minimum required to maintain that condition. Carrying the alkaline treatment farther than this becomes positively injurious, and it is an error which I apprehend is not unfrequently practiced, and which has done much to interfere with the beneficial effects, and injure the reputation of the alkaline treatment. At this stage of the disease, the above treatment should be supplemented by the administration of quinine and iron, remedies which appear to act as sedatives and tonics and hasten the convalescence.

In cases of acute rheumatism where the vital powers are weak, the person not vigorous previously, either as the result of constitutional debility, or some previous indisposition, where the pulse is weak and rapid, and the thermometer indicates a degree of temperature of one hundred and five or over, alkalies are contra-indicated, and I consider ought not to be used.

The salicylic treatment of acute rheumatism unquestionably constitutes an important era in medical science; for although the frequently extravagant pretensions of its friends are likely to react against its usefulness as a special therapeutic agent, and although it will not cure every case of this disease, nor anticipate or cure every contingent cardiac lesion with which the rheumatic affection is so frequently complicated, still there can be no doubt of its commanding efficacy in this disease. The credit of discovering, or at least utilizing, this splendid addition to the therapeutics of acute rheumatism, is undoubtedly due to

Digitized by Google

Dr. Maclagan, of Dundee, Scotland. It is curious and interesting to observe the delusive train of reasoning, by which he accomplished his great discovery. During the progress of some investigations which he was making into the causation of acute febrile ailments, he imagined he could trace some resemblance between rheumatism and intermitting fever. He therefore adopted the miasmatic view of the origin of the former, and reflecting that the maladies on which the cinchonaceæ exercise the most powerful influence, are those which are found in districts where the cinchonaceæ grow, analogy led him to suppose that he must look to some plant which flourishes in localities which are specially liable to acute rheumatism for a panacea in this disease; and having observed that damp marshy regions are apt to induce this affection, he determined to search among such districts for an agent which would cure it, and fortunately stumbled on the salicaceæ, and adopted their active principle, salicine. From this brief resume it will be observed that the train of reasoning by which Maclagan eliminated his now famous practice, was founded on reasoning which was incorrect, and on analogies which do not exist. There is no special or other parallel, between malarial fever and rheumatic fever; the former existing only in regions where malaria exists, the latter occurring indiscriminately in every part of the world. It is not the antimalarial principle of salicine which cures acute rheumatism; if it were, quinine and the cinchonoids would also cure it; it is undoubtedly some *sui generic* principle which the salicine contains, and which has not yet been discovered. Besides we find that the willow grows most readily and rapidly in temperate climes where malaria is unknown. Although Maclagan reasoned from delusive premises, his discovery is none the less valuable; and notwithstanding the modifications of the salicylic treatment, which have been adopted by other physicians since its first introduction by him in 1876, he still adheres to the salicine, and his opinions on the subject are certainly entitled to great weight and consideration. He administers the drug in scruple or even larger doses every two hours, until the pain is relieved, the pulse

Digitized by Google

slowed, and the temperature reduced. After those objects have been accomplished, he lessens the dose to a drachm daily, continuing it for a week or longer.

During the last few years, the use of the simple salacine has been in a great measure superceded by the salicylic acid, and the salicylate of soda. It is perhaps yet too early to form a correct judgment regarding the peculiar merits of the three preparations. All of them we know will cure acute rheumatism, but which of them will cure it most rapidly and frequently, we cannot I believe yet decide.

[TO BE CONCLUDED.]

ART. IV.—**Does the Child at Full Term in the Uterus have Any Influence by its Instincts, in Producing Labor?** BY SILAS HUBBARD, M. D., Hudson, McLean County, Ill.

All the writings of authors I have seen, declare that the child is passive, and has nothing to do by its instincts in producing labor; and declare in substance that the contents of the uterus increase in bulk till they become intolerable to the nervous instincts of the uterus, and thus the uterus is impelled to contract and make an effort to throw off its contents, which phenomena and its concomitants is called labor.

I will now attempt to defend the affirmative of the above proposition; and firstly, if the instincts of the child have nothing to do with bringing on labor, how is it that the uterus will tolerate a boy to grow larger than a girl before labor is produced. The child must ordinarily come to the maturity of nine months, whether it is a boy or a girl, or large or small, before labor begins, which is a strong argument that the instinct of the child is a factor in the production of labor. Excessive bulk of the contents of the uterus is not the only factor of the initiation of labor, for sometimes the uterus will tolerate an excessive amount of amniotic fluid with even a dead child, longer than it will a nine months living child. The child, about the end of the nine months, becomes comparatively uneasy by times, and bores with its head over the os uteri at intervals, day

Digitized by Google

after day, till finally by the irritation of the os uteri, mainly, the labor is induced to begin, and when it has begun the child ordinarily alternately rests and moves. The alternate period of rest and movements varying in their duration. The period of rest of the child corresponding to the interval of pain, and again the movements of the child bringing on the pain; and thus the intervals of pains, and the pains are kept up and continued till the expulsion of the child. When the head, shoulders and arms are born, authors tell us not to pull away the hips and lower extremities, which we can so conveniently do, but to wait till the child moves its lower extremities and thus excite the contractions of the uterus to complete the delivery of the child, and at the same time throw off the placenta and prevent hemorrhage. Thus authors do agree that the last movements of the lower extremities of the child in utero, do cause a pain or contraction of the uterus and the final expulsion of the child; and if they say the last movements of the lower extremities of the child do cause a pain or contraction of the uterus, why could they not go further and say the movements of the child had something to do not only in initiating labor, but continuing it till its last kick in utero; which last movement is the only one they acknowledge as having any influence in producing a labor pain.

A child dead in utero of course becomes very offensive to the uterus, and is provoked to make efforts to cast off the offensive substance; but the labor does not proceed as well and surely as it does with a live healthy child at term, which is an argument that a healthy child at term exercises a beneficial stimulating influence to the uterus in labor, by exciting and aiding the uterus and abdominal muscles in bringing him into the light of the world.

Excessive amniotic fluid or too tough membranes or a second bag of water sometimes hinder labor by preventing the child from communicating the boring sensation to the os uteri.

If the child happens to lie crossways the labor is generally very much suspended, as if the uterus was very

Digitized by Google

reluctant to act under such unfavorable circumstances; but I think the real cause of the partial suspension of the pains is because the head of the child is not over the os uteri, exciting by its movements the uterus to action.

ART. V.—**Death from Tobacco Poisoning.** BY W. H. VEATCH, M. D., Carthage, Illinois.

A case of tobacco poisoning recently occurred in this city, of which the following is a brief account:

On the evening of January 3d I was hastily summoned to attend a gentleman of some sixty-five years of age. He had been acustomed to the use of tobacco for many years, but of late had used more than usual, and being admonished by his daughter, with whom he resided, said he did not think he was using more than common. On the evening referred to he had partaken of a light supper with his usual appetite and was active and cheerful during the evening, as he was wont. During the evening he had eaten an apple, and at 10: 30 o'clock he remarked that something strange was coming over him, and was observed to be leaning over in his chair as if about to fall to the floor. His son-in-law took hold of him and sustained him for a few moments, during which time he uttered a few incoherent words, and had some spasmodic contractions of muscles. As soon as he recovered from what they termed the swoon, he was removed to the sofa, and in the course of thirty minutes he became very much relaxed and sick at the stomach, and at length vomited the apple he had eaten and some fluid, and also a large quid of tobacco. After the emesis he appeared very much prostrated, and was induced to take a small quantity of ginger tea. He then became quiet, and went to sleep almost immediately. This sleep was easy and profound; his breathing almost imperceptible. After a sleep of perhaps thirty minutes the family began preparing to retire, supposing all danger was over, and undertook to arouse him to go to his room, when, to their horror, he could not be aroused. At this juncture I was called and found his extremities cool; respiration six or seven per minute; pulse running from 40 to 80 per min-

Digitized by Google

ute, twenty or thirty strokes rapid, and then grow slow until they would run down to about 40. The pupils of the eyes would not respond to the strongest light we could bring to bear on them, but were all the time mere points. The eye lids would remain open or shut, just as they were left by my finger.

When I first saw him the extremities and surface were cold, but after a hypodermic injection of an arterial stimulant, the whole surface became warm for a short time. He had lost the power of deglutition before I saw him. The breathing became more imperceptible and the pulse more fluctuating, until he ceased to breath at about 12:30, about two hours from the beginning of the attack. There were no abnormal sounds of the heart, although his friends said he had in former years suffered from some form of heart disease, and his physician had told him he was liable to die suddenly from the effects of it. In the short time I had to examine the heart's action I was unable to detect any abnormality about its sounds.

The symptoms were so nearly those of narcotism that I could find no solution to the case except the swallowing of the tobacco, which remained in the stomach a sufficient length of time to be absorbed in sufficient quantity to produce death.

The question as to what produced the fainting fit, as they called it, I will say I am of opinion that what they thought a swoon was an epileptiform spasm, in which he swallowed the tobacco he then had in his mouth, and that the immediate cause of death was narcotism, produced by the absorption of the tobacco.

As to the cause of the spasm, I would say that from some unknown cause the old heart affection manifested itself, which caused the epileptiform spasm, and in the spasm he swallowed the tobacco, and the narcotism from that produced death.

A CALIFORNIA woman is reported to have given birth to sextuplets.

Digitized by Google

Correspondence.

Vaccinia, or Vaccinal Urticaria?

CENTERVILLE, IA., February 15th, 1882.

Editor Peoria Medical Monthly:

DEAR SIR—I see in your valuable journal an article written by yourself, relative to the effects of vaccination, and which you call vaccinal urticaria. As this is a subject that interests our people here and elsewhere very much, I thought to drop you a few thoughts on the subject, which you can publish if you deem them of sufficient importance.

We, of Centerville, Iowa, have had the usual excitement consequent to an epidemic of small-pox. There was one case occurring in the Keystone Hotel, which was a confluent case, and died of course, though we fully controlled the trouble by removing the patient to a healthy and safe locality, and quarantining the hotel, with all those exposed, fumigating and disinfecting the hotel, especially the rooms occupied by the patient prior to removal. We safely passed through the trouble without any indications manifesting themselves of a spread of the disorder. As a matter of course every one in the quarantine was vaccinated, and when I inspected them prior to raising the siege, they presented all the evidences of success. Vaccination was the rule, and very many of those vaccinated were afflicted with the rash spoken of in your paper. None of our physicians here had ever seen a case except myself. I had one occurring in 1880. I pronounced it vaccinia, and still call it that, and am fully satisfied from the symptoms and history of the affection, that I am correct. (See Wilson on Skin Diseases, p. 484, and other authorities.) It results from the use of pure fresh bovine virus, is not contagious nor infectious, for like St. Peter said about the baby—there is only one way to get it, though I isolate all my cases for the purpose of quieting excitement. I relieve the intense itching by the use of starch powdered, and applied also a mixture of mucilage 3 parts, glycerine 1 part, carbolic acid 5 drops to an ounce of the mixture. I have not had any trouble with any of the cases as yet, though

Digitized by Google

they are very annoying; in a few days they are up and around again. I also sponge off frequently with warm water, keep the bowels open, and we have no trouble, and it is now recognized and accepted as non-contagious, and only requiring care in the nursing to carry them safely through.

Yours respectfully,

R. STEPHENSON, M. D.

A Reply to "Pharmacist."

Editor Peoria Medical Monthly:

DEAR SIR—Allow me a small space in your journal to make a few comments on an article signed "pharmacist," (small p) or rather not signed at all, for I am of the opinion he is ashamed of his name after relieving his massive brain of so many misstatements about the "M. D.'s," as he puts it.

It appears that the article is a reply to what some doctor in Joliet has said, and I presume the gentleman is capable of taking care of himself; but as the subject of not allowing graduates of medicine the privilege of dispensing drugs is being freely agitated in this part, and as the gentlemanly druggist in his article has the decency to accuse doctors generally of ignorance and illiteracy, and extol the high attainments of druggists, and that they "must know twice as much as the average doctor," and "must correct errors in dose, etc.," and "give virtues in several languages." Would it not have been as well for the aforesaid druggist to learn how to spell correctly in his own language and learn the proper use of capital letters; but in his "four years apprenticeship," he speaks of, he probably neglected these primary studies and passed up into the languages, so he would be able to read the doctor's poor writing in "different languages." He speaks about the doctors "collecting numerous formulas and putting them off for original, and then being afraid some druggist will steal them." Allow me to say flatly to the gentleman that no physician of any standing does any such thing, neither

Digitized by Google

has the true physician any secrets which he keeps from his patients when it is for their benefit to know them.

And again, he says "about nine times out of ten a doctor gives an evasive answer to questions." This I also deny, for physicians as a class are willing to impart all the information they can. He asked the question, and I will give it in his own words, capitals and all,—"How many M. D.'s are there in this State that can Sit down and write an extempo prescription original and all right as regards compatibilities, Dose, etc.?" And he answers by saying "very few." My dear sir, let me tell you that you are wide from the mark. It is safe to say that a majority of the graduates of any respectable school, need not, and do not depend on any book of formulas. The physician makes his diagnosis by reasoning out the pathological condition of certain symptoms that are unmistakable, and then, understanding the action of medicine on the human system, makes his prescription to fit the case, without the assistance of "Naphes or some other authority," and *does not* "turn the leaves until he comes to something he guesses fits the case, and if it cures, all right, and if not, goes through the same thing again, until the subject dies or recovers." The man selling drugs who will give utterance to such language is not worthy of the patronage of any respectable physician, and had better use his massive brain and fine attainments in compounding his "pile mixture," for he would do as little harm making and applying that as anything we could suggest. He talks learnedly about "quacks," and even quotes Webster's definition; but of all the quacks, deliver me from the druggist quack, who has a small smattering of the action of medicine, with no knowledge of anatomy, physiology or pathology, but is always ready to prescribe and compound for every ill, to get a penurious fee, and does it too, in the very face of the law, unless he has a certificate from the State Board of Health granting him the right to prescribe for the sick.

He asks again, "have you ever cured phthisis 'pulmonalis."' "Did you ever cure a case of triary syphilis?" I will say to his first question, medical men do cure phthisis

Digitized by Google

pulmonalis; and to his second question I would ask, what is "triary syphilis?" It may be the learned pharmacist means *tertiary* syphilis, but his brain seems to be so addled it is hard to tell what he does mean.

Respectfully,

St. Elmo, Fayette Co., Ill. B. C. SMITH, M. D.

The West Heard From.

NEWTON, ILL., February 14th, 1882.

Editor Peoria Medical Monthly:

DEAR SIR—I see in the last number of your journal that a doctor of Paterson, N. J., on May 15th, between 3 A. M. and noon, delivered three women, and in each case it was twins. Now, if this is the best New Jersey can do, they had better cease boasting of their reproductive powers. Dr. D. S. Fisher, who formerly practiced medicine in this place, told me that between sun-down and sun-up, he delivered five women of nine children: that is, the two first had twins each, the third triplets, and the last two single births. This occurred in Southern Indiana.

Set 'em up again.

Yours, J. H. MAXWELL, M. D.

Book Notices.

Illustrations of Dissections, in a Series of Original Colored Plates, Representing the Dissections of the Human Body. By GEORGE VINER ELLIS, Professor of Anatomy in University College, London, and G. H. FORD, Esq. Vol. II. Second edition. 8mo., cloth; pp. 226; 30 colored plates. New York: W. Wood & Co. 1882.

This is the February number of Wood's library of standard medical authors, and fully up to the excellent January number in every respect. The perinæum is illustrated by three full page plates. The abdominal parieties by six. Four are devoted to the pelvis, both male and female, while the remaining seventeen complete the dissections of the lower limb. The text accompanying the plates is full and satisfactory. In many places hints of practical value to the surgeon are thrown out, thereby largely increasing the interest of the work.

Digitized by Google

These two volumes (January and February) in themselves are worth the price of a year's subscription to the library. No such books have ever been offered to the medical profession before at such a price.

Transactions of the Thirty-first Annual Meeting of the Illinois State Medical Society. Held at Chicago May, 1881. Cloth; pp. 362. Johnson, Olds & Co., Printers, Chicago.

Some of the papers included in this volume are quite exhaustive; exhausting the subject, author, society and reader; though it must be said that this class of exhaustive papers is on the decrease. Among those of real value we may mention the Report on Surgery, by Prof. Chas. T. Parke; Dysmenorrhœa, by Dr. Ellen A. Ingersoll; and the report on the Legal Regulation of the Practice of Medicine, by M. A. McClelland, M. D. We hope that the speakers and essayists at the coming meeting of the society will profit by the good example of brevity shown by the majority of the papers read at the last meeting, and published in this volume.

Transactions of the Twenty-eighth Annual Meeting of the Medical Society of North Carolina. Held at Asheville, May, 1881. Paper; pp. 128. Jackson & Bell, Printers.

The valedictory speech of the retiring president, Dr. R. B. Haywood, is full of amusing anecdote and solid common sense. We have reprinted an interesting paper on Ainhum, by Dr. Hornaday, in a previous number. The reports of the special committees are full and valuable.

Pamphlets and Reprints.

SURGICAL DISEASES OF WOMEN. By R. J. Curtiss, M. D., Joliet, Ill. Reprint from the *Medical and Surgical Reporter*, January 28, 1882.

NERVOUS SHOCK AS A THERAPEUTICAL AGENT. By the same author. Reprint from the *St. Louis Medical and Surgical Journal*, February, 1882.

BATHING, CUPPING, ELECTRICITY MASSAGE. By David Price, M. D. Jacksonville, Ill. From *American Practitioner*.

LITHOTOMY; A TABULATED STATEMENT OF CASES. By the same author. Reprint from *St. Louis Medical and Surgical Journal*.

THE HUMANE JOURNAL, Chicago, Ill. Its motto is, "We Speak for Those who Cannot Speak for Themselves."

Digitized by Google

Society Transactions.

DeWitt County Medical Society.

This society met in Clinton, at the office of Judge Ingham, on the 10th day of January, 1882, Dr. W. H. Kirby, President, in the chair.

Among other transactions of the society, the following resolutions were unanimously adopted:

On motion of Dr. Goodbrake:

Resolved, That the thanks of this society are hereby tendered to the Hon. D. C. Smith, member of Congress from this District, for his efforts in behalf of an act for the distribution of pure vaccine virus by the government.

On motion of Dr. McClelland:

WHEREAS, There is in the Code of Ethics a clause which deprecates and forbids regular physicians to consult with irregular ones; and,

WHEREAS, The aforesaid clause seems to have been forgotten or disregarded to some extent; therefore, be it

Resolved, That from this date, each and every member of this society will be held strictly accountable for any violation of said portion of our Code of Ethics, as also the article of our constitution referring to the same.

On motion of Dr. J. A. Edmiston:

Resolved, That the custom of counter-prescribing, and refilling or repeating prescriptions, without special directions from the physician whose prescription it is, is detrimental to the interests of the people, and in many cases injurious results follow; therefore, we will not patronize any druggist who may be hereafter reported to this society as pursuing such practices.

CHRISTOPHER GOODBRAKE, M. D.,
Secretary.

A Sample of British Humor.

IS THERE A "FIELD" FOR BATTEY'S OPERATION?—This question is asked in the last number of the American Gynæcological Transaction. Before answering it we looked out "field" in the dictionary. We found a field thus defined: "A piece of land enclosed." A field then is a field by virtue of hedges or other limits. We are able therefore to answer the question in the affirmative, and need not surely remind oophorectomists (especially in America, but also in England) that a field is not a *prairie.—London Lancet.*

Digitized by Google

Periscope.

Vaccine Virus.

We have such a scare in this and surrounding cities in regard to small-pox, and vaccine virus being so difficult to obtain, I wish to enlighten my medical brethren in regard to keeping it pure and potent for an indefinite length of time: twist the crust in a little absorbent cotton, very tight, and then surround by several wrappings of tin foil. Drop in half an ounce of pure glycerine, having a thread attached to the virus, held in position by the cork, and labeled. Every child is not the victim of syphilis, contracted by the indiscretions of the parents, and we run the risk of being imposed on by these wholesale sharks who advertise so liberally, Half the time, in my opinion, the ivory or quill is dipped in simple mucilage. I have used the virus I speak of in nearly three hundred cases, and a very large percentage has taken beautifully, and the virus was nearly two years old. Give this a thought, brethren.—*Dr. A. V. Banes, in Medical Brief.*

"Use as Directed."

One would suppose that physicians, at least, would be so fully impressed with the dangerous character of many of the drugs they constantly employ as to need no caution regarding their use. Yet that such is not the case the personal experience of many, if not all, of us will attest. That accidents have not been more frequent from our negligence is due to the watchful care and vigilance of our faithful allies, the druggists, who, were they so disposed, could doubtless reveal many things which it were better for the peace of mind of our patients should not be known. One of them—Mr. Charles J Shulmyer, of Lancaster, Pa., draws attention in a letter published in *Martin's Chemists' and Druggists' Bulletin and Medical Advocate* for January, 1882, to a species of negligence on the part of physicians, which will be obvious, upon reflection, to all, i. e., the neglect to give proper directions as to the mode of using our prescriptions. Of the prescriptions on his files, he finds that fully 22 per cent. are without any directions whatever, 10 per cent. have only "use as directed," whilst, of 200, 7 contain opium enough to cause trouble should any but the regular dose be taken. Yet not one of them has a word of direction on it. Now many persons, as he says, will reason that if the medicine were dangerous it would be accompanied by particular directions as to tak-

Digitized by Google

ing, and not be labeled "use as directed;" hence with such a direction, they would not hesitate to take more than the prescribed amount. Moreover, in numerous instances, from want of attention or forgetfulness, the exact verbal direction will be forgotten by the patient or his attendants; under these circumstances the druggist is asked for information, which he must either supply by guessing or after delay and trouble in finding the physician. Further, the druggist is thus rendered powerless to correct any possible errors in regard to dose, etc., which deprives us of that safeguard against fatal mistakes to which we have alluded. These criticisms are, we must confess, well grounded, and it is well that they should be brought to the attention of the profession. However hurried the physician may be, he should always take time to give minute directions, written as well as verbal, especially in the use of remedies of a dangerous sort.—*Maryland Medical Journal.*

Iodoform for Wounds.

Mikulicz claims that iodoform is equal as an antiseptic to carbolic acid and is less dangerous. In open wounds it is simply sprinkled on. In septic, gangrenous or sloughing wounds it is specially satisfactory. In strumous diseases it is almost a specific. In lupus its effects are gratifying. the epidermis being destroyed if necessary by a solution of caustic potash. In deep wounds pencils made with cocoa butter (one part to two), and for injection a twenty per cent. ethereal solution are recommended. Local irritation can be prevented by previously oiling the sound skin.—*Wiener Klinik.*

Injection for Dysentery.

Subnitrate of bismuth, powdered gum arabic, of each one-half drachm, warm water two ounces. Inject one to three times a day in chronic and subacute dysentery. Tinct. opium may be added, and also of ipecac when not well borne by the mouth. In every case an injection of warm water should precede in order to remove the intestinal mucus.—*Union Medicale*, February 4.

French Faculties of Medicine.

The salaries of the professors at Paris are $2,600, and in the departments from $1,200 to $2,000. The agreges receive from $600 to $800. The Faculty of Medicine of Paris has 64 professors and assistants; that of Montpelier, 35; that of Nancy, 30; that of Marseilles, 27; that of Nantes, 25.—*Maryland Med. Jour.*

Digitized by Google

THE PEORIA MEDICAL MONTHLY.

EDITORS:

DR. J. MURPHY, DR. J. L. HAMILTON, DR. H. STEELE.

THOS. M. McILVAINE, A. M., M. D.,

Managing Editor and Publisher,

204 South-Jefferson Street, - - - - PEORIA, ILL.

*** All exchanges, books for review, and communications must be addressed to the Managing Editor and Publisher.

*** The publication day of this journal is on or about the 10th of each month

Editorial Department.

The New Code of Ethics.

The recent action of the New York State Medical Society has given rise to a very interesting and warm discussion. The "bone of contention" lies in the clause which reads: "Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity." If generally adopted, it permits of indiscriminate consultations with all schools of medicine, the only restriction being "the judgment of the practitioner." The Royal College of Physicians of England recently adopted a resolution which, in guarded language, discountenances those medical gentlemen who "trade upon such designations as imply the adoption of special modes of treatment." This resolution was, no doubt, brought out by the addresses of Drs. Bristowe and Hutchinson, at the last meeting of the British Medical Society, in which they advocated a wide liberality, and argued that to recognize homœopathy will have the effect of its disintegration and disappearance. There is considerable difference to our mind, however, between persecution and active opposition, and simple, passive indifference, or the let-alone principle.

What action will be taken on the subject by the American Medical Association at its May meeting, is a matter of surmise. Whatever be done, should only be done after a

Digitized by Google

full and free discussion of the question in all its bearings and principles, and it is the duty of every delegate to weigh the matter carefully, and not allow himself to be carried away by the novelty of a new thing.

More than a mere matter of policy is involved; there is a wide question of principle at stake, and one which is worthy of careful and deliberate consideration.

The *Canada Lancet* editorially favors the new movement as follows:

"The insane cry against homœopaths and homœopathy has done more than anything else to bring them into prominence and public sympathy, and contributed in no small degree to their success in this country. It is time that new lines were drawn, and those who can read the signs of the times can readily perceive that a change is coming over the spirit of bitter opposition. The remarks of Bristowe and Hutchinson, and the wording of the resolution of the Royal College of Physicians, show the changed state of feeling in England; not that the profession or individual members believe in doctrines of homœopathy more to-day than in the past, but they are becoming more liberal towards those who differ from them. When such changes in high professional circles in conservative old England have taken place, where homœopathy has no legal status, need it be cause for wonder or surprise, if in Ontario, where they form an integral part of the corporate body politic of the profession, and are entitled to equal rights and privileges with the regular profession, there should be even a greater reversion of feeling in favor of showing them the ordinary courtesies of gentlemen towards each other, and of meeting them at the bedside in cases where only an expression of opinion in regard to diagnosis is concerned, or an operation in surgery required, aud where no compromise on the part of either consultant is demanded. We venture to assert that if such treatment were accorded them as here indicated, soon one and others would drop the distinctive title of homœopathy, and finally all would merge in the general profession. Such a consummation has been more than hinted at already, by some of the leading homœopaths in England."

The *London Lancet*, on the other hand, discountenances everything that looks like a compromise or recognition of homœopathy, and we think the majority of American practitioners will endorse the following extract from a recent editorial in that journal:

Digitized by Google

"Ordinary minds will agree with Sir William Jenner and Dr. Clark that there is something false in consultations with men who, however honestly, hold such crotchets. By all means let them hold them, but in the name of common sense do not compel others who have more light to meet them. There can be nothing in proper freedom to require two to walk together who do not agree, and it needs little acquaintance with crotchet-mongers and homœopaths to know, as Sir William Jenner well pointed out, that if we do suffer ourselves to be drawn into consultations with them, we shall find ourselves compromised and placed in false positions. It is a little hard on those who have so successfully combated the absurdities of homœopathy to be told that they have raised false issues. The attitude of regular medicine to homœopathy has been abundantly justified by the confessions of the degenerate disciples of Hahneman and by the discredited position of homœopathy in Europe, which, in all its universities, has not one chair of homœopathy. Homœopathy would be much further discredited in the eyes of the public were its practitioners not in the habit, with very defective candor, of using the ordinary means and medicines of regular therapeutics. Under such circumstances it is but fair to ask for the dissolution of all homœopathic societies and the abolition of the name and designation. Meantime we must think with Sir William Jenner and Dr. Andrew Clark that it is the part of all practitioners who realize the gravity of their calling to enter into no consultation which may involve the recognition of absurd and discredited doctrines, whether held innocently or for trade purposes."

Rush College Commencement.

The thirty-ninth annual commencement of this flourishing institution occurred in the Central Music Hall, Chicago, Tuesday, February 21st. A large and elegant audience listened with attention and hearty sympathy to the exercises. The following extract from the secretary's report will be of general interest:

The present session of lectures in Rush Medical College, terminating with this hour, has been the most remarkable in the history of the institution. This winter has been the first time that the number of matriculants in any medical college west of the Atlantic cities has exceeded 500. The present class numbered 509 students.

Digitized by Google

Last winter the number was 487. In the post-graduate session last April, 72 practitioners were added to the number, swelling the list of matriculants for 1880-81 to a total of 559. When the practitioner's session, to be held next April, shall have closed, enough names will have been added to the enrollment of the present session to swell the grand total for 1881-2 to about 600 matriculants. The total number of students in the college since its opening session is 7,303, and graduates who have gone forth is 2,492.

* * * * *

The spring session of lectures now presents a gratifying aspect little dreamed of ten years ago. Something of its importance and magnitude can be learned from the growing popularity with the students and profession which it possesses, judging alone from the number of students in attendance. Ten years ago sixteen students attended the spring course; last spring the number in attendance was 254.

* * * * *

The examination papers have exhibited a most gratifying improvement over former years in the summum magnum of literary qualifications of the present class. Year by year the faculty observes a steadily progressive increase in the number of students whose scholastic training and acquirements are in accordance with the just demands of this greatly enlightened day for students entering the learned professions. Assurances are frequently received from the alumni and preceptors located in various parts of the West, that they often remand students to the academies and seminaries for further preparation before they can be allowed to begin their professional studies under their care. The faculty long ago expressed, and annually repeat, their conviction that on the practitioners of the country, as well as on the medical colleges, rests the responsibility of advancing the standard of scholarship in the profession.

* * * * *

Rush Medical College was the first institution in this country to give a post-graduate course of lectures to practitioners, and its importance and usefulness are now assured, and it bids fair to become one of the most important departments of the college. The advantages here for the study of practical anatomy and surgery, and for clinical observation are unsurpassed in this country, and the faculty cannot understand why one or more post-graduate courses annually will not be well supported by Western practitioners.

Digitized by Google

The degree of Doctor of Medicine was then conferred upon one hundred and seventy-nine gentlemen. The Honorary degree was conferred upon Dr. J. Milner Fothergill of London, and Prof. Paladino of Naples, Italy. The *ad eundem* degree was given to Prof. I. N. Danforth, and Adjunct Prof. J. S. Knox.

Dr. C. R. Carpenter delivered the valedictory for the graduating class. Prof. DeLaskie Miller delivered the Doctorate address, which was full of the profound common sense for which this gentleman is noted.

Professor Byford distributed, with a few witty remarks to each, a large number of bouquets to favored members of the class, after which the exercises were closed with the benediction.

THE ALUMNI MEETING.

There was a large attendance at the business meeting of the Alumni Association, held at the college on Tuesday morning at 10 o'clock.

Dr. J. L. Whitley presided. After hearing reports from the different officers and committees, several interesting speeches were made by old graduates. The prize essay committee reported that no award had been made. The committee was continued for the ensuing year. The following officers were elected: President, Dr. B. F. Swafford, Terre Haute, Ind.; Vice President, Dr. John H. Murphy, St. Paul; Second Vice President, J. W. McFarland, M. D., Bryan, Ohio; Secretary and Treasurer, F. A. Emmons, Chicago.

THE BANQUET.

Between four and five hundred sons of the Rush, sat down to an elegant banquet at the Grand Pacific Hotel, Chicago, furnished by the faculty of the college. The great dining hall of the hotel was brilliantly lighted and handsomely adorned. The menu was in every way a grand success, and was fully appreciated. Professor DeLaskie Miller presided, and after the dishes had been removed, introduced the toasts and speakers. The exercises of the evening were greatly enlivened by the songs of the college quartette club, led by Dr. E. P. Davis. Among the most

Digitized by Google

interesting responses were those of Dr. J. H. Murphy of St. Paul, who humorously related some country experiences; Dr. C. T. Dripps of Stanton, Ill., who responded to the toast, "The Medical and the State;" Judge J. G. Rogers, Prof. H. M. Lyman and Rev. Dr. Holland, who at short warning took the place of President J. Adams Allen.

All exercises connected with the commencement and banquet were of great interest to the alumni and friends present, and every one left with the feeling,—"It is a good thing to be a graduate of Rush Medical College; long may she prosper."

Notes and Comments.

Dr. R. A. Kerr, formerly of New Auburn, Minn., has recently located at Smithville, Peoria Co., Ill.

Will the few who are still in arrears please take the trouble to forward their dollar at once? *Verbum sap.*

An anti-vaccination society has been formed in New York City. Each member is pledged to resist vaccination in every possible way.

A patent medicine man in Brooklyn died from an overdose of his own medicine. It was a fever and ague cure, and contained arsenic.

An edition of the Iowa State Register will not be issued this year. Wonder what has become of the Illinois Board of Health Register?

Dr. Dripps has promised us a copy of his speech at the Rush banquet, on the subject of the "Profession and the State," for future publication.

Dr. D. W. Aldrich, of Galesburg, Ill., paid us a pleasant visit a few days ago. We are always pleased to see any physician visiting our city, and hope they will always favor us with a call.

Remember our new volume begins with the May number. All subscriptions received prior to that time will be dated from May. A full index to Volume II will accompany the April number.

Digitized by Google

Physicians wishing to change their location will do well to note the opportunities offered on advertising page 313 of this issue. That of T. A. Murray, we think, an unusually fine opening for a man with some means.

Those who have sent to us for medical charts will please excuse a short delay in forwarding them. The supply was soon exhausted, and a week or perhaps longer must elapse before we can receive a new supply. We will send them out as soon as received.

A Chicago daily tells of a speculum of bone, which was driven into a man's spinal cord by a pistol shot. A new place to introduce a speculum; but the manner of introduction is scarcely more severe than the way in which some physicians use the other kind of speculum.

Dr. C. M. Miller, Richview, Ill., (Rush '81,) was married on January 31st, to Miss Rosa Baldridge, of the same place. Dr. W. E. Guthrie, Bloomington, Ill., (Rush '81,) was married on February 22d, to Miss Lena Smith, of Wichita, Kan. Rush boys are always found foremost in the line of duty. We offer them our sincerest congratulations.

The following has been sent us. We heartily congratulate the doctor, and wish him everything that is good:

At Edwardsville, Madison County, Ill., on Saturday, February 25, at 6 P. M., at the residence of F. A. Wisemans, Esq., by the Rev. Olin B. Rippitoe, Dr. M. D. Tibbetts (Mo. Med. '81), of Pierron, Bond County, Ill., to Miss Sadie L. Ketcham, of Litchfield, Montgomery County, Ill. The young doctor has been here about seven months, in which time he has built up a nice practice. The many friends of the young couple unite in wishing them good cheer and a prosperous and happy future.

The Ditty of the Doctor.

Music, The Mermaid.

The following song was sung at the Rush banquet by the College Quartette. The words are by Dr. E. P. Davis. It was tumultuously received, and had the heartiest encore of the evening:

Digitized by Google

There lived a young doctor in a quiet country town,
And a fine young man was he;
From a college in the city he'd just come down,
With his brand new medical degree;—
And the old ladies said "H'm, Hum;"
And the young ladies said "Oh, my!"
And the old doctors said "He's a young swell head,
And we'll soon take the shine from his brand new sign,
And the blood from his frenzied eye."

But the young doctor had such a fine set of tools,
Such a mild, persuasive grace;
That people came to think the old doctors fools,
And call him in their place.
He would actively insert his hypodermic squirt,
When the parson with the colic roared,
And his agony abated, while it never is related
That he afterwards complained of feeling bored, bored, bored?
That he afterwards complained of feeling bored.

Now there was a certain judge who was opulent and fat,
And a mighty man was he;
But he had a great obstruction to his water works' production,
Which grieved him exceedingly;
Where the old doctors stuck with their big, big sounds,
Our hero won gallantly,
For, with proper expedition and the greatest of precision,
He speedily passed him a small bougie,
He passed him a small bougie.

So the doctor to the judge's daughter was wed,
And lived in prosperity;
He had intimate relations with the country population,
And flourished mightily;
There were six pairs of twins in that small town
In the space of two brief years,
And the doctor led the van, for he was a leading man,
And when the doctor died the ladies all cried,
And they pickled him in their tears.

Receipts for January.

In this place we will print the names of those from whom money has been received during each month. Parties remitting will please note whether their names are credited, and if they are not, notify us by postal card:

ILLINOIS.—Drs. N. G. Slack, J. A. Harvey, A. B. Clough, A. R. Howard, — Barcus, S. H. Brokaw, W. S. Holliday, H. Marshall, H. Knappenberger, C. Kallenbach, H. L. Harrington, T. C. Maxwell, J. P. Lytle, E. G. Davis, R. M. Houck, W. K. Newcomb, J. A. Koch, C. T. Dripps, H. L. Pratt, J. L. Brown, H. Schaefer, E. H. Plasch, J. H. Maxwell, E. Ingersoll. Jno. Wright, B. F. Farley, A. B. Bausman, I. H. Reeder, R. A. Pinkley, John Warren, W. S. Hendricks, W. S. Bransom, J. L. Otterman, C. M. Baker (two years), C. M. Miller, E. Smith, H. H. Fitch (two years), W. H. Eldred, M. Ayres. H. Robarts, Geo. Willis.

Digitized by Google

IOWA.—Drs. J. W. Hanna, L. L. Bond, J. S. Caswell, G. R. Henry, J. C. Fleming, G. N. Jones, H. C. Suess, U. M. McKitterick, J. I. Ardery, E. S. Edwards.

WISCONSIN.—Drs. S. C. Wright, — Day, F. Pinch.

MINNESOTA.—Drs. A. T. Conley, J. H. Sandberg.

INDIANA.—Dr. W. R. Nash.

KENTUCKY.—Dr. S. S. Winters.

NORTH CAROLINA.—Drs. E. H. Hornaday, H. W. Lilly.

NEBRASKA.—Dr. B. F. Fuller.

TEXAS.—Dr. A. Garwood.

TENNESSEE.—Dr. W. A. H. Coop.

Some Things That May Interest You.

DR. CARL L. JENSEN'S BEEF PEPTONE. —This article manufactured by a gentleman well-known in connection with the development of the manufacture of pepsin, is one that promises fair to become one of the most valuable aids of practical medicine. Most diseases depend for treatment perhaps more on alimentation and nutrition than anything else.

Many were the expectations in this respect of the different extracts, until the physiologist proved with undoubted accuracy that, devoid as they are of protein substances, they lacked the first and most important principle of nutrition, being little more than concentrated saline solution, which, however, possessed valuable properties as stimulants to the digestive process, but utterly devoid of nutritive effect themselves. Nothing more can be said of the various beef teas for which numerous receipts exist, but which all and every one contain little or no albuminoid elements.

The subject of peptones as aliments in low or exhausted conditions of the nutritive apparatus has been for some time under consideration, and has been experimented with, but the practical solution of this question presented numerous obstacles not readily overcome. The progress in the manufacture of pepsin alone made it possible to present to the practitioner, soluble and diffusible fibrin and albumen for medical purposes. Dr. Jensen has in this beef peptone admirably suceeded in producing such an article, and by rendering it in a dry state, has overcome the difficulty which heretofore existed. This peptone is an artificially digested beef, the objections as to the bitter and disagreeable taste imparted to it by the pepsin, this manufacturer has successfully removed. He offers it in scales of which one part represents sixteen of fresh beef, thus presenting true nutrient in the most concentrated form possible, which with the chymifiant process already accomplished is capable of being at once elaborated into chyle and blood. Dissolved in a little warm water, it makes at once a beef tea that has not alone the agreeable flavor of fresh beef, but also its alimentary power.

For rectal as well as oral administration it offers to medicine a new agent by which to overcome asthenia inanition, and thus combat one of the worst features of acute as well chronic disease.

As for the peptones as nutritive agents we can quote from Dr. Pavy, as follows:—

"In a physiological point of view its most important property is the high degree of diffusibility it enjoys. It is designed for removal from the alimentary canal by absorption and, by possessing the property referred to, a physiologically favorable condition exists for the accomplishment of what is wanted."—*Medical Bulletin.*

Digitized by Google

THE PEORIA

MEDICAL MONTHLY.

VOL. II.——APRIL, 1882.——No. 12.

Original Communications.

ART. I.—Compensation for Professional Services to the Public in Sanitary Affairs. By HENRY M. LYMAN, A. M., M. D., Professor of Physiology and of Diseases of the Nervous System, Rush Medical College, Chicago.

Nothing better illustrates the difference between American sanitary officials and their English brethren than their respective attitudes regarding the matter of "compulsory notification of infectious diseases." When it is desired in a British community to introduce this now fashionable measure, it is done only after free consultation with the local physicians. Only when they have signified their acquiescence in the proposed regulation has it been made a legal enactment; and never has it been thus introduced without full pecuniary recognition of the rights of physicians to compensation for all services rendered in accordance with such legislation. For every infected household thus reported by a physician to the sanitary authorities a fee is paid to the reporter by the local officials. The fee is based upon the lowest current fees for medical services in the given locality, and it, accordingly, varies in different parts of the country from one shilling to two shillings and six pence. Nor is the physician obliged to collect such fees. At the close of each year the amount of his fees for the preceding twelve months is forwarded to every doctor by

Digitized by Google

the proper official—thus avoiding all expense of time and trouble on the part of a busy practitioner.

In most unenviable contrast with such honorable and conciliatory behavior stands the practice of our American sanitary administrators. With few exceptions they demean themselves towards the medical profession like military tyrants in the midst of a conquered population. Their only consultations with their fellow physicians occur when they are seeking endorsement as claimants of office. Once snugly entrenched behind the public crib, they procure the enactment of arbitrary laws, demanding from physicians services that are often disagreeable, though always, if their statements could be credited, of great value to the community. By means of fines and imprisonment they seek to "stamp out" the self-respect of the profession, endeavoring to silence its just claims for compensation for services rendered to the public. Well knowing the timid and peaceful character of their professional brethren, they do not hesitate to curry favor with the general public by assurances that the chief thing needed for the eradication and prevention of infective diseases is "compulsory notification;" and that, by forcing the doctors to do such work for nothing, the community will reap an incalculable harvest of benefits without one penny of expense. Advice like this exactly harmonizes with the predatory instincts of the ruling classes, and the unhappy practitioner of medicine finds himself without redress.

Professional sanitarians are very fond of prating about the *educational value* of sanitary laws. There can be no doubt that legislation furnishes a very efficient means of moulding public sentiment. Unfortunately, our sanitary legislation has thus far had for its principal result an intensification of the ignorance, selfishness and dishonesty of the general public in its pecuniary relations with the medical profession. So low has the moral sense of our people been degraded by their experience of the despotic behavior of their officials on the one hand, and the submissiveness of their victims on the other, that it is hardly possible to look with confidence to the courts of law for redress. In England physicians do not fear to defend their

Digitized by Google

rights in the courts of justice; and whenever they can show that service without compensation has been required, they are released from all obligations to such laws. Among all classes it is a well established principle that the British laborer is worthy of his hire, even if he be a doctor. Let us hope that the time may come when the same reverence for the rights of man may become fashionable in this country, even among the "highly paid experts" who now arrogate the sole privilege of shaping those laws which are too often a disgrace to our civilization.

ART. II.—**Clinical Contributions to Electrical Therapeutics.** PAPER NO. V. By ROMAINE J. CURTISS, M. D., Joliet, Ill.

NEURASTHENIA.

Without doubt the complex conditions of modern civilization increase the complexities of nervous disease, and also increase the amount of nervous and mental disease in the world, including insanity, as well as nervous diseases of the simplest character. This subject is becoming the burden of modern alienists and neuropathologists, or specialists, and the resulting literature is already very voluminous. In America the struggle for life and riches, for learning, honor and position is claimed to be more intense than in Europe, and the writings of Beard on "American Nervousness," and "Neurasthenia," of Richardson on "Diseases of Modern Life," and of Mitchell on "Nervous Diseases, Especially Relating to Women," illustrate very fully the attitude of the medical mind toward these conditions.

Dr. Beard has attempted a generalization of the various special, sequent, pathological relations of the nervous system to civilization, and has concluded that the great pathological resultant of all these relations is nerve exhaustion, and has coined a word to suit the condition and occasion, and since that time all Americans who are engaged in politics, speculation, invention, engineering, railroading, telegraphing and telephoning, in preaching, doctoring, teaching, in scientific investigation and verification, or, in short, Americans who are struggling for civilized

Digitized by Google

life, and get sick with nervous symptoms, have neurasthenia. The successful men have neurasthenia as a reward, and those who fail do so because they have neurasthenia.

The sequences of neurasthenia are as numerous and varied as were the plagues of Egypt. Among them are impotence, sterility, constipation, indigestion, kidney diseases, urinary deposits, vomiting, loss of appetite, spermatorrhœa, blindness, deafness, loss of smell, perverted sensations, convulsive motions, all sorts of fearful phobias in the emotional territory, and delusions of the intellect, mania, melancholia, inebriety, morphinism, trance, organic diseases, and even *hay fever*. The conception of neurasthenia is a tremendous generalization. Nothing equals it as a pathological antecedent except the concrete conception of disease in its widest sense relating to the nervous system, and nothing has equalled its discovery since the pre-historic *savant* discovered death.

Neurasthenia has no pathology, nor can it relate to any pathological condition of the nervous system, except as a subjective sequence. It is no more the disease of American people who try to be civilized than it was a disease of the patriots who died in Andersonville and Libby prisons. No man can conceive of such a thing as nerve exhaustion except as a resultant of physiological or pathological forces, and then it is purely an abstract conception, and expresses neither a pathological nor a physiological condition. The term is simply an equivalent of the name of an entity. It means nothing. It is metaphysical. It is neither true nor untrue. It is like the conceptions of Hahnemann—an attempt to come up and view phenomena of motion from the subjective side, and to measure immaterial things by the laws of correlation of force, which can only be estimated from the objective side of motion. It is, therefore, an unscientific term for an unscientific conception, and should be discarded from the nomenclature of diseases; it expresses no method of motion of pathological force, and simply blinds the mind to the real conditions of disease.

The physiology of the nervous system is studied in the same manner that the action of other material organizations are. If we yet regarded life as an entity, and

Digitized by Google

neurasthenia should be defined as exhaustion of the life of the nervous system, the subject could be at once relegated to its proper domain of metaphysics; but, as it stands now, and as the conception is attempted to be used, it is simply an attempt to express material motion in metaphysical terms, and entirely ignores pathological conditions.

The system of water works of a city will afford a good illustration of this generalization of nerve exhaustion. When the pipes, valves, stop cocks, steam works, reservoir, water, and all are in normal condition, the resultant water supply to consumers may be sufficient. Suppose the supply is deficient in some places, or altogether. A civil engineer visits all the points of distribution; hears all the complaints; even makes scientific calculations, based on water supply, steam force, water pressure, resisting power of pipes, and whatever may be necessary. He then, from these data, makes a generalization—a sort of water works diagnosis of the trouble, and says the reason why the water works do not supply water to consumers in sufficient quantity, or irregularly, or not at all, is because the water works are exhausted. And if such an engineer would coin a word to express water works exhaustion, he would equal Dr. Beard as a pathological generalizer. This diagnosis of the engineer, like the term neurasthenia, ignores the pathology of water works. The engineer takes no account of lack of water supply, low steam, bursting pipes, too low water pressure, ruptured reservoir, or any other special methods of material failure which can happen, and is continually happening, to water works systems.

The generalization of neurasthenia, furnished from the data afforded by observation of diseases which are developed by the nervous system, as the result of the increasing complexities of civilization, necessarily ignores nervous pathology. There is no method of verifying the pathology of neurasthenia. It is as much beyond verification as is the proposition that "nature abhors a vacuum." The various nervous diseases which are developed in modern times, as given by modern writers, are more likely dependent upon known pathological conditions, which are sequences of over work, under work, lack of waste, too much waste,

Digitized by Google

blood poisoning, over nutrition, under nutrition, errors of blood distribution, by changes in the vascular tonus, nerve irritability and unstability, congestion, inflammation, degeneration, changes, organic disease, reflex irritation, the hysterical condition, and the troubles which arise from the emotional side of human nature.

Neurasthenia is as immaterial as a ghost, and as much a subjective factor of motion in pathology or physiology as the sensation of fatigue. Neurasthenia is an entity set up to be displaced by pathological science. All the symptomatology of neurasthenia could as scientifically be attributed to the vexation of spirit of that entity which Descarte located in the pineal gland as to nerve exhaustion. When a physician makes a diagnosis of neurasthenia in a patient with nervous disease, no matter how highly civilized the patient may be, the physician is fatigued—he is, very likely, more fatigued than his patient—he has chronic fatigue, or neurasthenia.

The following cases, which occurred in my practice during the past five years, illustrate to some extent the complex neuroses which are consequent upon work, worry and the causes incident to civilized life:

"SPINAL IRRITATION."

Case 1.—Mrs. ——, aged 24 years. This lady consulted me five years ago. She had been married four years, and had no children. Her chief subjective symptoms of pain and neurasthenia were referred to the spine and the pelvic organs. The spine was tender on pressure over and in neighborhood of vertebræ. She had occasional attacks of migraine and intercostal neuralgia on left side. I noticed that she had catarrh of the pharynx and nasal passages. The urine contained a deposit of urates, and a volumetric test for urea showed that she eliminated about 400 grains a day. She had poor appetite, was slightly jaundiced at times, and constipated. At this time I thought her symptoms depended upon reflex irritation from endocervical inflammation, which was present, as well as a catarrhal condition of vaginal mucous membrane. Treatment was, therefore, addressed to pelvic organs, and, I rather regret

Digitized by Google

to say, that I applied a saturated silver solution to the cervical mucous membrane once a week for about five months. Vaginal injections were used, containing solutions of alum and potass chlorate. At the end of about five months treatment was suspended, on account of cessation of menstruation, from cause. During the whole period of gestation the patient was a picture of abject misery. She was extremely nauseated, and her sensations of exhaustion, pain and her worry made her existence miserable. Her objective individuality was lost behind the heaviest deposit of pigment in the face and neck I have ever seen resulting from pregnancy. At term she was delivered of a boy. Her labor was normal, with the exception that the pains were irregular in rhythm and force. Labor was completed in twelve hours; the first stage in one hour. She had a lengthy "getting up," being in bed three weeks. Hopes were entertained that her pregnancy would cure her, and she was apparently better for a time, but after weaning the child her old symptoms were again in full force. At this time she had congestion of mucous membranes throughout. The eyes (conjunctiva) always exhibited enlarged blood vessels, and occasionally an ecchymosis from a ruptured vessel. She was never free from pain in almost every sensory nerve of body, and her nervous energy was so low and sense of exhaustion so great that she was able to do little else than move from bed to lounge, and back again during the day. There was entire absence of any hysterical sign or symptom. The special senses were affected to the extent that she had error of vision (myopia), deafness and subjective sounds, and subjective sensation of odors. She could not walk from weakness and fatigue; she could not read, because it made her head and eyes ache, and conversation wearied her beyond measure.

I could never satisfactorily determine the remote antecedents of these signs and symptoms. She had never overworked, or had great cause of worry. She had always been normally industrious, well fed and cared for. The disease was an affair of the nervous system *per se*, with no discoverable antecedent but life in a civilized atmosphere. During period of lactation patient lost about twenty pounds in

Digitized by Google

weight. At this time she determined to be cured, if possible. I will confess that I called her disease neurasthenia, and advised treatment by electricity. The method was by general faradization and central galvanization, and was continued for two years, the applications of electricity being made three times a week. No improvement was made worthy of note during the first year, except in the pain. During the first year phosphorous, zinc, arsenic and iron were given; during the second year no medicine but alcohol was taken. Her improvement was gradual after she began to mend. The congested appearance of eyes and vision improved, and the other special senses were restored to a normal condition. Patient could not take quinine or cod oil. During this treatment no remedies were used for the catarrh of respiratory passages, but hot water vaginal injections were used daily with great benefit. The patient made a good recovery, and has remained well up to date.

Case 2.—Miss ——, when I saw her, was about 37 years old. She was bed-ridden and emaciated, but not hysterical. The clinical history developed that she had taught school by the year for sixteen years, during which time her health was good; but at this time she had symptoms of getting tired of the monotony, and went to Colorado, thinking to teach there. Unfortunately, she contracted "mountain fever" when staying at an altitude of about 7,000 feet, was sick about two months, and came home during the period which should have been devoted to convalescence. On arrival home she had lost about seventy pounds in weight, was anæmic, despondent, exhausted and with scarcely enough "vital energy" to enable her to stand. Her physician insisted on exercise, and she was carried out to ride every day or so for a few weeks, and the practice was only discontinued because it became necessary to hold her up in a sitting position while riding. After this time patient stopped trying to walk, or even to stand. She could, however, for two months after this time get from the bed into a chair and back again. About this time I saw her. Her subjective symptoms were exhaustion and great sensation of physical and mental depression; but she was free from pain. In fact, I have never seen a case of this kind so pain-

Digitized by Google

less. There was no localized atrophy of muscles, or local paresis or paralysis. There was no notable hyperæsthesia or anæsthesia. Her menstrual function was normal. I could detect in her appearance and history no evidence of the hysterical factor. Her nutritive functions were below the normal standard. She had lost her appetite, and her digestion was impaired—being accompanied by the acid fermentations. The urine was loaded with phosphates and ammoniacal. In the management of this case I tried to arrange the patient's physical, mental and social relations in the best possible manner, in the interest of hygiene, which was very difficult to accomplish. The family could not understand the nature of the case, and I could not have her taken away. My therapeutics were addressed to the indigestion in particular, and the nervous disease in general. The patient could not be kept in bed and over fed; she could only be kept in bed and take very little food, and have indigestion, with occasional attacks of vomiting and diarrhœa. Strychnia, maltine, mineral acids, massage and general faradism were the special therapeutical means. The heated term of 1881 came on, and the patient barely lived through; her digestion and appetite continued as poor as ever. In the fall I began giving her one drop doses of Fowler's solution, which improved the condition of digestive organs, and she began to mend. She could then take four or five small meals a day. I expected a speedy improvement, but there has been no improvement from that time onward. The cause of failure I attribute to unpleasant family relations, and the patient either became somewhat deceptive, or was herself deceived in her own condition. Her appetite improved, but she grew weaker, until she could not turn in bed; and, finally, could not even turn her head on the pillow. She was absolutely motionless, without paralysis. During this present period of utter prostration her menstrual function is normal, her appetite and digestion good, her pulse about eighty and general appearance and facial expression very expressive of health.

These two cases are samples of what is called neurasthenia, or spinal irritation. No organic disease could be detected in either. The pathology of each case was obscure;

Digitized by Google

but an analysis of symptoms will throw some light on this subject. In each case the symptoms could be referred to the spinal cord; in case 1 the chief factor was pain, in the other paresis of motion of a general character. In case 1, therefore, the posterior columns of the cord were diseased, and the anterior columns in the other. The therapeutical tests demonstrated that in case 1 the condition was congestion of the posterior columns, and in the other anemia of the anterior columns. In each case the nerve element was abnormally unstable. In case 1 the nerve action produced pain, which is all that can be said of this kind of nerve action; the objective character of motion resulting in this condition being unknown—at least, to me, except in general terms. In case 2 the sequence of spinal anemia was deficiency of nerve energy, whatever nerve energy may be—whether electric force or "vitality." It will readily be seen that though neurasthenia may be a subjective product of spinal anemia in one case, and of spinal congestion, with objective paresis, in the other, that it arises from conditions entirely opposite, and gives no idea of the real pathology in either case. Spinal irritation is an indefinite term, but irritability is an objective property of tissues which are alive, while exhaustion is a subjective property. In such cases as detailed, the diagnosis of neurasthenia is as unscientific as is the use of the term, "labor pains," for uterine contraction.

Case 3.—Mr. ——, aged 43 years; farmer; is a rugged, muscular man, presenting the general appearance of health, but declared himself to be a cripple by reason of rheumatism of his shoulders. His history developed the fact that he had been subject to pain in cervical spine, extending through shoulders and arms, for two years, and had been treated by physicians for rheumatism, without benefit. He was unable to work on account of resulting pain and weakness of arms. His right arm and hand were somewhat numb. His symptoms were rhythmical, and subject to weather. The spine was tender on percussion and pressure over cervical and dorsal region. My diagnosis was neurasthenia of cervical and dorsal spinal cord—anemia of posterior columns. I recommended him to try galvanism

Digitized by Google

for his disease, and he reported eight or ten times for treatment. The galvanism would always relieve the pain for the time. He decided that the trouble of coming for his treatment, and the expense, was more grievous to him than his disease, which was somewhat improved. I saw no more of him for several months, when he told me that soon after I failed to cure him he obtained a remarkable limiment from an African gentleman, which had restored his health.

Case 4.—Mrs. ——, aged 38 years, has complained of numbness of right shoulder, neck, arm and hand, with rhythmical attacks of pain for ten years. She states that if she avoids all use of the arm she is troubled with nothing but numbness and a prickling feeling. During this ten years she says that she was practically a cripple, as any attempt at woman's work would bring on pain. She had, of course, been treated in all sorts of ways, for all sorts of diseases. She was given strychnia as a test, and grew worse while taking it. The diagnosis was neurasthenia, until I determined that the pathological condition was congestion of the posterior columns of spinal cord. In this case the interrupted galvanic current was used for about four months—three or four times a week, when the patient called herself cured. This case occurred three years ago, and patient has remained free from her neurasthenia ever since.

Case 5.—Miss ——, aged 20 years. This young lady had endured a neurasthenia of spinal cord in dorsal and cervical regions for three years when I saw her. The symptoms were affections of motor nerves of arms, or paresis. She also had neuralgia, or pains in various nerves in corresponding regions, and had migraine. She had lost weight, her digestion was poor and she was at times inclined to melancholia. There was found an error of vision, the right eye being astigmatic, for which a suitable glass was procured. I was surprised to find that the glass diminished her pains in and over her eyes; in fact, she asserted soon after beginning the use of the eye glasses that she was half cured. Her neurasthenia was demonstrated to be anemia of cervical and dorsal cord. She made a complete recovery in about four months, by use of interrupted galvanic cur-

Digitized by Google

rent, taking no medicine. In this case I believed the cause of the spinal irritation was the astigmatism.

Case 6.—Mr. ——, aged 32 years; an attorney. This gentleman was a hard worker in his profession, and for several years was kept busy to the extent of over work. He began to have sleepless nights, headache and pain in back of his head and neck, and spine became tender to touch, which was noticeable to him if he leaned against a chair back. His mind now began to be affected. He could think with less speed, and was mentally "confused." This became very noticeable from the length of time he would wait before replying to simple questions. Emotionally he became very hypochondriacal. These symptoms increased until he was not only confined to his house, but for about six weeks was in bed. During this period he complained of spinal pain, and a heavy, dull feeling in his head, was taciturn, moody and seldom spoke except in reply to questions. The pulse and temperature were normal. His friends were greatly alarmed over his condition, for the reason that two of his ancestors were inmates of lunatic asylums, and two natural aunts were victims of brain disease, which could not be called "cerebrasthenia," but imbecility. By therapeutic and other tests I demonstrated his disease to be congestion of brain and cord. The galvanic current was used "centrally." The white hot iron was used freely over cervical nerves and spine, and he took ergot and potass. bromide. This treatment was continued for three months, when I decided that a high altitude was indicated, and he went to Vermont, where he remained during a summer season. While staying in Vermont he made a visit to New York City, and in two days' time his symptoms were greatly aggravated and he was glad to get up the hills for relief. He returned much improved, and galvanic treatment was continued through the winter, his work being entirely suspended. The following summer he spent in Colorado, and stated that he felt the best when at an altitude of 10,000 feet. Three years time was consumed in his treatment by altitude, cautery and galvanism, when he was pronounced cured, and he has remained well for the past two years.

Digitized by Google

ART. III.—**Some Considerations Relative to Acute Rheumatism and Its Treatment.** Concluded. By J. MURPHY, M. D., Peoria, Ill.

While the use of salicylic acid in this disease has many warm advocates, a majority of the profession is probably in favor of the salicylate of soda. It is considered that this preparation is less irritating to the kidneys than salicylic acid; that it is more readily soluble, and therefore more easily absorbed; and that under its influence the urea, always deficient in this disease, is more rapidly restored. It is also asserted by Senator, of Berlin, that salicine taken into the human stomach is always converted into salicylic acid, and other equally high authorities maintain that salicylic acid must be converted into salicylate of soda in the blood before its action in rheumatic fever begins. My own observations lead me to the conclusion that its administration is more manageable and its effects more positive than the other preparation. The mode of giving it is an important element in its success. At least a scruple should be administered every three hours until a favorable impression is made on the disease, or until we find that the fever, temperature and pulse respond to its use. Afterwards a drachm daily should be given for from six to nine days, to guard against relapses, which are liable to follow the premature stoppage of the treatment. Of course, the amount demanded must vary in different cases; but while its continued administration in heroic doses is useless, or even mischievous, producing occasionally a train of troublesome nervous or cerebral symptoms, its premature withdrawal or its continued administration in trivial doses is equally reprehensible.

Its mode of action has given rise to much comment and much disparity of opinion. That now most generally held is the positive power which it is supposed to possess in arresting the action of organized and unorganized ferments, destroying the vitality of the former, and increasing the activity of the latter. It is also considered that the action of such ferments as amygdaline, or the myrosine in mustard, is as effectually checked by its presence as is the fibrine or lactic acid fermentation. If this hypothesis is correct, we can readily perceive the cause of the almost

Digitized by Google

talismanic influence which it so frequently exercises in this disease.

But, whatever doubt may still exist as to the *modus operandi* of this preparation of salicine in controlling acute rheumatism, there can be none respecting the very conspicuous therapeutic effects which it produces, effects which frequently astonish us by their promptitude and their power. It appears to combine more varied curative qualities than any other remedy that I am conversant with. It relieves pain more speedily, effectually and permanently than any simple narcotic can do. It controls the pulse, by lessening vascular power, better than any known sedative can accomplish. But probably its most important action is the astonishing influence which it has in rapidly lowering the temperature, and thus removing what appears to be the chief danger in this disease. In this respect we have no other remedy which exercises any such influence. I would suggest that hereafter it should be designated the *Great Refrigerant.* As a necessary consequence of those effects, the fever is lowered, the disease is cut short, the strength is preserved, and the convalescence is shorter and more perfect than when the disease is protracted for weeks, and organic mischief is sure to ensue. Probably one of the most singular, and by no means the least important characteristic of the remedy is, that administered with propriety it appears to exercise no deteriorating influence over the secretory system, a consideration of paramount moment.

It has been remarked that the more acute the case the greater the influence of the remedy, but in sub-acute cases I have observed equally favorable results from its use, and provided there is no important heart complication, its beneficial effects are often as apparent when the treatment is not commenced until a later period of the disease. The powerful influence which it exercises on the circulatory and respiratory systems, shows it to be a pneumogastric sedative superior to any other which has been discovered; and its rapidly advantageous power renders it probable that it exercises a salutary influence on the molecular changes which we have reason to believe occur in this disease, and

Digitized by Google

to which may legitimately enough be attributed the cardiac complications which are so often met with.

There should be no hesitation in admitting that the salicylic treatment occasionally fails to cure acute rheumatism. I have had an opportunity of seeing two cases of that disease, in which the treatment was carried out in the most regular and vigorous manner, one of which died, and the other was only saved by the timely intervention of the cold bath. Nothing could be more injurious to the character of the remedy than to claim for it as has been done, an omnipotence in the cure of this disease. No remedy for any disease has ever been discovered possessing this attribute.

In cases of acute rheumatism which are not benefited decidedly by the salicylic treatment in say three days, and especially if the temperature continues to rise until 105 degrees or over are reached, with great restlessness, delirium, rapid and difficult breathing, attenuated and rapid pulse, with the face anxious and cyanotic, there is probably only one method by which death can be averted, and that is the persistent application of cold. Under those appalling conditions all other remedial agents act too slowly, and should not any longer be depended on. We have long been aware of the powerful influence which cold applied to the surface of the body exercises in cases of hyperpyrexia; but, notwithstanding this, we find that in cases of acute rheumatism, where a temperature of 108 or 109 degrees is necessarily fatal if not reduced in two or three hours, it is rarely resorted to, and in a majority of cases where it has been used, its use has been protracted until there is not sufficient vitality remaining to enable the patient to bear the shock of its effectual application. It is matter of deep regret that this method of treating otherwise fatal cases of acute rheumatism, should not have been more generally adopted. It constitutes a severe reflection on medical writers, that, in treating of this disease, many of them never even mention the application of cold. The sudden thermometrical terminal change which characterizes severe cases of this disease is well understood by medical authorities. Wenderlich designates it as *proagonic*, or, as one of the

Digitized by Google

phenomena of death; but, although recognizing the danger, no persistent effort has been made to introduce generally the only treatment which, under the circumstances, could be of any possible utility.

I regret that I am prevented from presenting *in extenso* the details of a number of cases of acute rheumatism treated by cold which are at present before me, some of them occurring before and some after the introduction of the salicine treatment. The clinical experiments of Dr. Wilson Fox, of University College Hospital, showing the influence which the proper application of cold has in rescuing acute rheumatic patients already in an almost moribund condition, are positively demonstrative. Nothing can, nor need be, added to them. Those experiments, it is true, occurred before salicine had become one of the household words of the profession, and before Maclagan had emerged from the obscurity of Dundee, and it may be said that under the salicylic treatment such conditions would not have been presented. This may be true, or it may not. It is, however, of minor importance which, as since the introduction of that treatment there are deaths from the disease, accompanied by precisely the same phenomena as those which occurred in Fox's patients. I have myself seen, as before remarked, two cases of the disease in which the salicylic treatment was perfectly nugatory. Both of them were almost dying, the thermometer in each of them having reached its fatal limit, 109 degrees. One of them recovered, the other died. In the fatal case it was impossible to have the cold applications made with the perfection and persistence which was necessary to success.

The cold bath is the most convenient and effective mode of applying cold to a patient under those circumstances. It embraces the whole surface, and its action is immediate. The temperature of the bath should be about 88 degrees, gradually reduced to 76 degrees. Cases have occurred where the temperature has been reduced by the bath in half an hour from 109 to 99 degrees. If the temperature rises again, the bath must be repeated as often as may prove necessary. If the bath is not sufficient to reduce the heat, pounded ice in bags should be applied over the

Digitized by Google

chest and abdomen, and along the whole length of the spine; and in cases where a bath cannot be procured, the patient should be wrapped in wet sheets, and frequent cold injections be made into the rectum. The cases to which I am referring are entirely without the domain of medicine. The medical treatment has been continued until the cyanotic face, rapid breathing, feeble and uncountable pulse, delirium and proagomic temperature, indicate that the power of assimilation is gone, and that the vital spark, the last flicker of life, are about to become extinct. Hesitancy in using the bath in such cases is the death knell of our patient; the saving of even a trifling per cent. under such circumstances is a triumph of skill and of humanity which elevates our profession and medical science alike in the estimation of the public. As soon as we find that the temperature commences falling, free stimulation by brandy and ammonia should be commenced, and concentrated nutrition should be given and persisted in. I have to express a deep anxiety that the general practitioners of the country will test the value of this mode of treatment in cases of acute rheumatism, where medical treatment can no longer exercise any hopeful or beneficial influence, and by that means ascertain its efficacy in a larger number of cases than what it has heretofore been used, and thus decide more positively its applicability and its success.

I must defer until another occasion some remarks which I had intended to make on the heart lesions, which acute rheumatism so often eliminates, on their liability to occur under certain conditions of that disease, or certain methods of treatment, and on the effects which certain systems of treatment have, or are likely to have, on them.

ART. IV.—**Chronic Ulcer.** BY HUGO ERICHSEN, M. D., Detroit, Mich.

A chronic ulcer is a solution of continuity in the soft parts of long standing, and kept up by some local or constitutional disease. Very often it is caused by external irritation, as, for instance, by the pressure of a tight fitting boot. Varicose veins are frequently the cause of this trouble, especially with females. Beside the above men-

Digitized by Google

tioned causes, it may be due to disease of the heart, obstruction of the portal circulation and disease of the arteries. It often accompanies a state of perverted nutrition, therefore often follows one of the low fevers, as, *f. i.*, typhoid. The treatment consists in removing the cause, removing irritation of any kind, and bettering the general health of the affected individual. Existing hepatic or cardiac disease must be attended to. Any source of irritation, such as a tight fitting boot, stocking or garter must be removed. Varicose veins are given proper support by the elastic rubber bandage. If the patient be anæmic, tonics and moderate exercise are indicated. Sedatives are seldom required, but stimulating ointments applied to the ulcer are of benefit. In most cases the tissues around the ulcer are indurated. This induration must be removed, which is done best by scarification of the edges of the ulcer. Subsequently the leg is poulticed from two to four days, and then the rubber bandage applied. The equal pressure of the bandage aids absorption. In 1880, when assistant to Professor Carstens at the clinic for out-door patients in the Detroit Medical College, I became interested, for some reason or other, in the treatment, etc., of chronic ulcer, and made careful notes of all cases presenting themselves for treatment at the clinic. I will now relate the more prominent:

Case 1.—Mrs. R., aged 41, has a chronic ulcer on the front of the left leg. She has always been weak and of ill health. She has had three children, one of which was born dead. Her husband has treated her badly. He often came home drunk and beat her, and at one time obliged her to sleep out of doors. She is very nervous and anæmic. No specific history. On examination I found an ulcer, as large as a silver half dollar, the edges of which were slightly indurated. Scarification was objected to. She was advised to get a rubber bandage for her leg. She said she was too poor to do so. I then told her to apply a linen bandage, evenly and firmly around the affected leg, and gave her oxide of zinc ointment, to be applied to the ulcer twice daily. I also prescribed—

Digitized by Google

℞ Ferri sulph., 24 grains.
Strychniæ sulph., ½ grain.
Pulv. acaciæ, q. s.
M. Ft. Pil. No. 24.

Sig. One three times a day.

This treatment was continued for a long time, the patient improving but little.

Case 2.—John G., aged 58. This man had a small ulcer on his right leg. No specific history. The cause could not be ascertained. His general health was good. I prescribed—

℞ Iodoformi, ½ drachm.
Balsam Peru, q. s.
Cerati simp., 1 ounce.
M. Ft. unguentum.

Sig. To be applied to ulcer night and morning.

Improvement took place rapidly, and in five weeks the man was relieved of his trouble.

Case 3.—Miss Fanny P., 30 years of age and unmarried, came to this country from Ireland two years ago. On the cars her left leg became swollen just above the ankle. She states that her shoe was tight, and that it "took the skin off." No specific history. When she first came to this city she did washing. Later on she was cook at one of our leading hotels. At this time I saw her. I advised her to wear an elastic rubber bandage, and prescribed the iodoform ointment. I did not see her for a month and a half, when I discovered that she did not follow my directions. She then told me that she had been thrown out of employment some time since, and that she cured her leg with a bread poultice. This is a case which was cured by the remedy of remedies—rest. The bread poultice, however, received the credit.

ART. V.—**Blistering or Vesicating for Intermittent Fever.** By SILAS HUBBARD, M. D., Hudson, McLean County, Illinois.

More than twenty years ago I observed that an eruption generally occurred on the upper lip in intermittent fever, and when it did occur the disease ceased, or the patient got better. Acting on this hint, in very many cases I was called to see, I immediately rubbed on the upper lip a little croton oil, which rapidly brought out a profuse eruption, there being in the nature of the disease a natural

Digitized by Google

slight tendency that way, and as soon as the eruption appeared the patient recovered from the disease. I have also rubbed the croton oil on the chest, with the above results consequent on the eruption. I have frequently made a fly blister on the arm of patients, which immediately had the effect to cure them. I suppose the manner in which the blister or eruptions produced a cure was not so much from counter-irritation as from drawing away from the nervous system the peculiar poison which caused the disease.

To cure the disease some physicians give mercury till the gums are touched; others give arsenic till the eyelids are slightly dropsical, and I have sometimes seen horrid cases of anasarca and ascites follow the use of arsenic, as its effects. And, now, I would ask if it is necessary to make a sore or a disease to cure this complaint? Why not make one according to my method, rather than a deep-seated one, which may not be readily controlled and may impair the constitution for life?

Taking quiniæ judiciously in this complaint is good; it has a tendency to drive out an eruption on the upper lip, and in this way in part aids in curing the disease.

The mercury and the arsenic cure the disease mainly by creating a disease within the constitution to which the ague poison is transferred from the nervous system.

The ague poison, I believe, is too subtle to be detected by the microscope or the chemist. Because the mosquito swarms very abundantly in the swamps would not prove that they caused the disease; and, as for curing the ague with mercury or arsenic, it is as unwise as the doctor who said, when he was called to treat a case of fever and ague, "He always threw it into fits, for he was hell on fits."

DR. TIESCH, Leipzig, (Boston *Med. and Surg. Journal*) has performed nerve stretching four times successively in tabes without apparent result. It may be seen that the indications pro and con this operation have not been as yet clearly determined.—*Med. Review.*

Digitized by Google

Medical Jurisprudence.

Validity of Wills, and the Value and Importance of Medical Evidence in Relation Thereto. By GEO. A. WILSON, ESQ., Attorney-at-Law, Peoria, Ill.

Any person, male or female, of lawful age, free from undue influence and insane delusion, and of sufficient mental capacity, is a competent person to make a will and thereby dispose of his or her property, both real and personal, according to the real wishes *or desires* of such testator or testatrix. A person of unsound mind and memory is not competent to dispose of property by deed or will; and it is likewise true that where a person has been induced to dispose of his or her property by will, by means of undue and improper influence, such a will, upon a proper showing, will by the courts be held invalid. But the undue influence above referred to must be *improper influence*, and the mind of the party making the will must be greatly and seriously affected thereby; in fact, such undue and improper influence must destroy the free agency of the testator or testatrix, so that the will made does not express his or her wishes or desires, but that of others.

A person, in order to be able to make a valid will, is not by any means required to possess superior mental abilities and reasoning powers; but, on the contrary, one who is capable of transacting ordinary business; capable of acting rationally, and of understanding the relation of causes and effects in the ordinary business affairs of life may be considered of sufficient sound mind and memory to make a valid will. The mind and memory of the testator, at the time of making the will, should be sufficiently sound so that he may clearly understand the nature and value of his property, and of his relations and obligations to his kindred, as well as the nature and consequences of the act of making a will.

It is, in numerous cases, a very difficult matter to correctly ascertain the condition of the mind and memory; and, therefore, in cases in courts, where wills are contested, the very best and most reliable evidence should be relied on by parties supporting and also by those contesting wills.

Digitized by Google

The opinions of medical witnesses are not in all cases considered and by the law held to be the best evidence of the mental capacity of a testator. In cases where disease is undeveloped and so obscure that physicians are unable to determine its nature or character, the opinions of near neighbors, who are intimately associated with the afflicted party, provided, always, that they are men of good, common sense, are considered to be, and, in fact, are, of more value in determining the capability and responsibility of the party than physicians in general practice, who do not possess more than ordinary knowledge of diseases of the nervous system. Physicians are regarded as experts as to the condition of the body, whether diseased or not, and as to what diseases are liable to impair the mind and memory of a person; but it does not follow from the mere fact that they are physicians they are, therefore, better judges of a person's mental capacities than other men of intelligence and common sense. Persons, not experts, may give their opinions concerning the mental capacity of a testator, after first detailing the particular facts and circumstances upon which they base their opinions, leaving the jury to give such weight to their testimony as they may deem proper from all the circumstances of the case.

All physicians should not be regarded as experts, because a medical expert is a physician skilled in matters pertaining to his profession, and it is well known that there are some physicians, so-called, who are not skilled in anything. Before a physician should be permitted to testify as an expert, it should clearly appear to the court that such physician is competent to give an opinion upon the matter in controversy; in other words, that he is skilled in his profession and fully entitled to his claim of being known as a medical expert.

In order for a person to be considered competent to make a will he must have or possess a *disposing mind;* and it is well known that diseases which affect the brain, either directly or indirectly, cause or produce a dullness or confusion of the intellect under which such *disposing power is lost.* And, in such case, the testimony of genuine medical experts is invaluable. It is in many cases very difficult to

Digitized by Google

determine whether there is such disorder of the mind and memory as to render the will of a testator valid or invalid, and the testimony of the skilled medical expert is in such case the most reliable testimony which can be obtained.

Bodily disease does not affect the validity of a will, unless the mind is directly or indirectly disturbed and impaired thereby. Who so compent to ascertain the extent of such disturbance and impairment as the true medical expert? Under disease the mind may not be so strong as in perfect health, but it still may retain a *disposing power;* and in all cases of this kind the law looks exclusively to the actual effect of the disease of the body upon the mind, and here we must almost wholly depend upon medical evidence to ascertain the extent of such effect upon the mind.

Questions involving testamentary capacity of individuals are of frequent occurrence, wherein medical evidence is demanded, and in many cases is an absolute necessity to promote the ends of justice.

In conclusion, I must be permitted to say that in this brief article I have not sought or intended to disparage the importance of the evidence of *true* medical experts; but, on the contrary, I have endeavored to show the great importance and value of such evidence, as well as the utter and absolute worthlessness of the evidence of physicians wholly unskilled in professional knowledge and attainments.

Correspondence.

Vaccinal Urticaria.

CARTHAGE, ILL., March 13th, 1882.

Editor Peoria Medical Monthly:

DEAR SIR—The last two numbers of the MONTHLY have contained articles on the above complications of vaccinia. This is not a new feature in vaccinia when fresh bovine virus is used; at least, it is not so in my hands. Years ago I observed this complication, and although authors are either silent on the subject or make "mere mention" of the

Digitized by Google

fact that such is sometimes the case, I yet supposed that all practitioners who were in the habit of using fresh bovine virus had observed this phenomena in a great many cases. It is by no means universal, neither does it occur in a majority of cases; but in children from two to ten years old, who have never been vaccinated before, this eruption has made its appearance in perhaps ten per cent. of all cases of that age. Now and then we meet with it in older persons; and, in fact, in adults it is occasionally met with.

In the year 1873 I procured a crust from Fon-du-Lac, Wisconsin, from which I vaccinated my own family and several others in the town, and when the vaccine fever came on and the glands in the axilla and groin became tumified this same eruption came out on the surface of about twenty per cent. of all those vaccinated, causing great consternation in the community. The people became frightened, supposing that I had innoculated them with variola. I had been vaccinated when about eighteen years of age from humanized virus, which had left a small, characteristic scar, and I had been three times exposed to variola; but in 1873, on being exposed again, I inserted the bovine virus in my own arm, and on the tenth day I had a severe fever, and its characteristic eruption came out on my face and neck. An old practitioner called to see me, and pronounced my case varioloid. But on the next day the eruption was all gone, and the vaccinia progressed favorably.

There is no particular time for the eruption to make its appearance; but from two to four days from the appearance of the vesicle on the arm the eruption will come, if it comes at all. The arm, in some cases, will begin to get sore on the fifth day, and in others not until the eleventh or twelfth day. But one thing I have observed in this connection—the longer the period of incubation the more certain the eruption.

During the past months of January and February a number of cases of variola have been reported in this community, but when investigation was made it proved to be what I have always termed the eruption of vaccinia; but perhaps your appellation is the more scientific, "vaccinal

Digitized by Google

urticaria." The eruption, after making its appearance, remains on the surface from a few hours to two days; but, if the patient be exposed to a cold air, the eruption will disappear sometimes very suddenly. In one case in this city a little boy two and a half years old passed from the warm sitting-room to the cool parlor, and was only absent a few minutes, but when brought back the eruption had entirely disappeared and the surface had a bluish or purplish appearance, and the eruption never again appeared.

Vaccinia has been unusually severe in this part of the State, and many persons with typical scars on their arms have had the sickness more severely than the first time. No deaths or loss of limbs have occurred, but many schools have been almost left without pupils for a number of days on account of the vaccine disease.

Some cases of diphtheria have been developed during the course of vaccinia, a complication I have not observed before. When the vaccine disease was at its worst the tumifaction of the glands of the neck would call the attention to the condition of the throat, and on examination a diphtheritic exudation would appear over the tonsils and uvula. Some of the most severe cases of diphtheria I have been called to treat during the season have been cases of this kind.

If these observations are of any benefit to the profession, and you feel that they are worth publication, you are welcome to them.

Very respectfully,

W. H. VEATCH, M. D.

Medical Miscegenation, or the New Code of the New York State Medical Society.

Editor Peoria Medical Monthly:

Not many months ago the Premier of England fell sick, and employed a homœopath to be his pathological confessor and therapeutical priest. History bears no record that during his illness the premier "a monk would be;" but the account declares that as he sick and sicker grew it appeared to him that the infinitesimal path to eternity was

Digitized by Google

even shorter than its traditional scientific scope was narrow, and the premier in his "emergency, for humanity's sake," wanted a physician. Among his friends and neighbors were physicians of ordinary and "extraordinary" achievements, standing and ability, who were, in addition, renowned for learning, for skill, for wisdom, for education, and who held titles, the highest the profession can give and take, and civil titles way up among the stars and garters. One of these physicians was sent for to counsel with the homœopath. The call this physician received must have rent his ethical soul. Here was an "emergency in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity." The greatest living man of England was battling with death, with such a feeble dart! But the physician refused to go. Another titled and learned doctor was sent for, and went to meet the homœopath in consultation, only stipulating that the homœopath should lay aside his pathy—his trade mark of delusion and deception—and meet him on *equal grounds*.

From this small cloud a cataclysmal storm has arisen which threatens to annihilate the old professional distinctions between medical races and species. In the bubbling overflow appear the struggling "allopath," the homœopath, the mesopath, the hydropath, the vitopath, the physiomedical man, the patent medicine man, the spirit healer, the prayer curer, the Thompsonian, the nostrum vender, the doctor who cures by laying on of hands and the exercise of faith, the doctors created by the fiat of the "ten years clause" and by "certificate of examination" (see Illinois medical law), all with their natural underpinning gone, and all intent upon gaining a foot-hold on a peaceful professional level at the top of the medical Ararat when the waters subside.

Nothing is more tempting to human desire than luscious sweetness languishing to be stolen. To the ambitious regular physician, notably to the New York State Medical Society physician, the consultation plums which grow in the homœopathic garden are particularly attractive. The physician has watched the growth of this fruit from the day of its flowering and its greenness to its com-

Digitized by Google

plete ripening. He has fenced himself away from its enjoyment, and set up his angels of science, ethics and contempt with flaming swords at the gate, and has then occasionally gone in the back way and had a surreptitious taste of forbidden fruit. Love laughs at bolts and bars, and why should lustful greed any longer keep up the farce of self-deception and pretend to be satisfied with the passionless embraces of science and medical ethics. The New York State Medical Society has abolished its code and adopted a new one. The new code is probably the smallest "allopathic pill" ever manufactured. The coating is "thin," and of most beautiful transparency, for through it can be seen the "potency" of its true inwardness. The pill is made for the "swallow" of the homœopath. It is a love potion, concocted in pill form, by a self-rejected suitor who wishes after all to propitiate his mistress. Homœopathia has developed from an awkward, uneducated maiden, into the stage of budding, æsthetic loveliness. She is coquettish and rich; she is accomplished and attractive, a belle in society; and what wonder that the New York concoctor of love potions desires her for a bride? She is evidently his choice; but he is already casting eyes at the bridesmaids. His transparent capsule will contain a drop of water for hydropathia, a pinch of capsicum for Thompsonia, a potion of lobelia for physio-medicia, a specimen of leptandrin for eclecta and a little pulv. saint's bone for the fair prayer.

But every rose has its thorn, and every sweet may conceal an infinitesimal bitter. The new code, with all its "taffy" for the legalized "systems" of medicine, conceals a dagger of iron-y in its "emergency" clause. The homœopath will scarcely admit the soft impeachment that emergencies arise in his practice in which he is not by virtue of his pathy superior to the New York miscepathist. In a love affair, to have matters legally and socially pleasant, there must be two parties to the bargain. When a regular physician and a homœopath meet, no miscepathy can prevent the irresistible consequence that one of the two must relinquish his method of therapeutics, which most effectually destroys any intellectual agreement relating to the treatment of the patient. In such cases the

Digitized by Google

agreement resulting from the professional consultation is simply, and can be only, an agreement as to which of the two physicians shall treat the patient, and which of them shall receive pay for consulting to do nothing, and for compromising the dignity and honor of his professional individuality.

Logically, no emergency can arise which can justify a consultation between a physician and a homœopath, because no emergency except lunacy in both parties can make it possible for them to agree from their respective standpoints upon the treatment, and the honor and dignity of the profession is certainly compromised when these parties emerge from the private consultation room, after one of them has surrendered, and go through the disgusting farce of telling the patient and his friends that the agreement is that he is either to swallow *sulph. magnes.* 1 ounce, or is to swallow the *one millionth* potency of bee sting poison, as the case may be.

The New York *Medical Journal* calls this action of the society a "decided step in advance." Perhaps the society, like a lobster, advances by hitching itself backwards with its tail; otherwise the "advance" is difficult to comprehend by the average man. However, it is best not to dispute the "advance" if the New York profession claim it. Since the advent of Oscar Wilde all admit that Europe is in advance in æsthetics; the cultured, intellectual advance of Boston has long been conceded; and, really, the ethical line of advance was all that was left to New York; and the fact cannot be disputed that medically, at least, New York has embraced the opportunity and most gallantly "tumbled to the main chance."

The question for the thoughtful physician will be: "What action will the medical profession at large take in relation to this matter?" And, in connection, it seems to be only necessary to quote the London *Lancet* containing an account of what is being done there.

The Royal College of Physicians contains such men as Maudsley, Beale, Wilks, Quain, Bristowe, Fox, Clark and Sieveking. A meeting of the College was held December

Digitized by Google

27th, 1881, and the following resolution introduced by Dr. Wilks was adopted:

"The College considers it desirable to express its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of the members to each other and to the public. The College, therefore, expects that all its fellows, members and licentiates will uphold these principles by discountenancing those who *trade* upon such designations."

ANTI-MISCEPATHIST.

HENRY, ILL., March 27th, 1882.

Editor Peoria Medical Monthly:

DEAR SIR—I see in the last number of your journal, as reported by J. H. Maxwell, M. D., of Newton, Illinois, that one Dr. D. S. Fisher, who formerly practiced in that place, speaks of having delivered five women of nine children from sun-down to sun-up, while practicing in Southern Indiana, which calls to my mind that *his* has been rather an uncommon experience, for while I was practicing in Southern Indiana he met with a very singular freak of disease, and I was called in to see the case, when he exclaimed: "*Doctor, there has been a metassis of congestion of the brain to the pleura*, and I think she will die; it's got the better of me." And, sure enough, the poor woman did die of double pleuro-pneumonia in a few hours.

Yours,

H. READER, M. D.

Col. Ingersoll is as skeptical in his medical belief as in his religious, as shown by the following: Being indisposed he was persuaded to send for a physician. On being asked as to whom they should call, should Dr. X. not be found, he replied: "Oh, if Dr. X. is not at home, just bring up his old horse; it will do just as well."

Digitized by Google

Book Notices.

Diseases of the Eye. By HENRY D. NOYES, A. M., M. D., Professor of Ophthalmology and Otalogy in Bellevue Hospital Medical College, etc., etc. 8mo., cloth; pp. 360; illustrated. New York: Wm. Wood & Co., Publishers.

This is the closing volume of Wood's Library of Standard Medical Authors for the year 1881. It forms a fit companion to Buck's work on the ear, published in 1880. For our part, we like exceedingly the method of Wood & Co. in giving separate volumes on the various special branches of the science. In like manner we have had in this popular library a work on venereal diseases, one on the ear, one on minor surgical gynecology, one on uterine therapeutics, one on the skin and this one on the eye. What we like about this is, that when we wish to read something about the eye and certain diseases, we do not have to hold a volume on the ear as well. In this way we have handy, readable volumes, at a low price, instead of the ponderous tomes that a man had to mortgage his horse to buy and then read upon a table.

The author of the book now before us is well known as an authority upon the subject of which he treats, and is a sufficient guarantee that what he writes is worthy the attention of the profession. The arrangement of the subjects is plain and natural, and the book can be read and understood by the general practitioner as well as be of benefit to the ophthalmic specialist.

Lectures on Diseases of Children; a Hand-Book for Physicians and Students. By DR. EDWARD HENOCH, Director of the Clinic and Polyclinic for Diseases of Children in the Royal Charite and Professor in the University of Berlin. Cloth; 8mo; pp. 358. New York: Wm. Wood & Co.

Several works on the diseases of children have been published within the last two or three years, but none of them excel in clearness of practical instruction the one before us. But a single fault we have to find in it, and that is the persistent use of the metric system. We do not believe that this system will come into general use in this country in fifty years, if ever; and, furthermore, we do not believe that one in eight of the practicing physicians of the United States are familiar with it or *wish to become so.* Knowing this, as Wood & Co. undoubtedly must, we are

Digitized by Google

surprised that they should make the grave mistake of using this system exclusively in a work of this kind, and thereby reduce the value of this book in the eyes of a majority of their thousands of readers. Apart from this we think the work a good one, and one which will be read with pleasure and profit.

We regret that the subject of vaccination has been totally ignored, and must admit a suspicion that the author by his silence seeks to beg the question of its usefulness. The work is the March number of Wood's Library for 1882.

Physician's Diary, Hand-Book and Ledger, Combined. Published by J. W. FRANKS & SONS, Peoria, Illinois.

This is the most complete book of the kind that we have ever seen. Besides affording abundant space for the business of 1,600 patients per year, it includes obstetric and other records. The plan of the book, as shown in a diagram on page 331, will best explain its working. Posting books is the *bete noir* of many physicians; but this handy book avoids all necessity of it. The elegant system of indexing employed will commend itself to everyone.

"MY Rambles in the Enchanted Summer Land of the Great Northwest," is the title of a beautifully illustrated little book of a hundred pages, which forms a convenient guide to the beauties of Northern Wisconsin and the Lake Superior region. It makes one long for a summer vacation to be passed among the lakes and forest streams, fishing, hunting and boating, of this wonder land. A trip through this country forms one of our dreams of pleasure yet to be tasted. Send to W. H. Stennett, C. & N. W. R. R., Chicago, Illinois, and we will guarantee that if you go anywhere this summer you will go to the "Enchanted Summer Land of the Great Northwest."

THE April number of our valued exchange, the *Medical Brief*, reaches us in an enlarged and improved shape, indicating a wonderful prosperity. The price has been increased to two dollars a year.

The Missouri Valley *Medical Monthly* has been added to our exchange list. It is edited by Drs. Boteler and Hoyt, of St. Joseph, Mo., and is exceedingly neat and attractive; $2 per year.

Digitized by Google

Periscope.

Inhalations of Ether in Pneumonia.

Dr. S. W. Francis, Newport, Rhode Island, (*Medical Record*, March 11, 1882,) claims that by the use of inhalations of sulphuric ether he has had very good results in acute pneumonia. He claims that "if seen early during the first stage, the inhalations of sulphuric ether for thirty minutes every six hours, would arrest many severe and protracted cases." Similar inhalations have been before proposed by Dr. Francis in bronchitis. That such inhalations might have some influence on pneumonia there can be no doubt, but Dr. Francis' claim is a little too positive. —*Chicago Medical Review.*

Restoration of the Inverted Uterus.

Dr. Thad. Reamy reports in the *Obstetric Gazette* a case of chronic inversion of the uterus in a young woman, in which after using all the usual methods known to him, he resorted to packing the vagina with glycerine tampons. He continued this for eleven days, changing the cotton every day. At the end of that time succeeded in replacing the organ after one hour and twenty minutes' manipulations.—*Western Medical Reporter.*

Vehicles for Absorption.

Dr. Vigier has observed that as the result of a series of researches he has made on this point he had found that lard is the best fatty body when medicinal absorption is desired, vaseline coming next, and glycerin next. This last, therefore, is a bad vehicle when cutaneous absorption is in view, but an excellent one when we wish to avoid this; so that we may by its aid avail ourselves of the parasiticide action of corrosive sublimate without fearing the production of mercurial poisoning.—*Gaz. Hebdom.*—*Louisville Medical News.*

External Use of Castor Oil.

The London Medical Journal gives reports from various practitioners who have found purgative results follow the inunction of castor oil. One writer states that he has frequently applied this oil to the abdomen under spongiopiline or other waterproof material in cases where the usual way of administering by the mouth seemed undesirable, and with the most satisfactory consequences. In a

Digitized by Google

case of typhoid fever also, half an ounce of castor oil was applied in this manner, under a hot water fomentation, the effect of this being, as represented, to relieve the constipation and tympanitic distention that had been present without undue purging or irritation of the bowels.—*Am. Medical Weekly.*

Primary Chloroform Anæsthesia.

At a variable period after the beginning of inhalation of chloroform or ether, the patient passes through a stage of "primary anæsthesia," marked by total muscular relaxation. During this period the duration of which seems also to be variable, abscesses may be opened, luxations reduced, or any short operation performed, without any sensations of pain on the part of the patient; and on the withdrawal of the anæsthetic, the effects pass off at once without headache, nausea, or other inconvenience. The best way of detecting this period is to let the patient hold up one hand and to urge him to do so. As soon as the hand drops the time has arrived, and should be instantly taken advantage of. Extensive experience has convinced me as well as many others of the value of this simple fact in practice.—*J. H. Pickard, in Holmes' System of Surgery.*

Functional Disturbance of the Heart.

In functional disturbance of the heart, due to *dyspepsia*, Hugo Engel, M. D., recommends the following treatment in the application of an emplastrum belladonnæ over the region of the heart to remove pain, a diet of milk and toasted white bread, and give of the following mixture a dessertspoonful, in half a tumblerful of water, three times daily, one hour before each meal:

℞	Sodii bicarbonatis,	2 drachms.
	Tincturæ nucis vomicæ,	2 drachms.
	Tincturæ gentian. comp.,	2 ounces.
	Tincturæ rhei simplic.,	2 ounces.

M. Sig. Shake well.—*Med. and Surg. Reporter.*

The Removal of Warts.

Dr. W. Allan Jamieson says, in the *Practitioner* for September, 1881, that chromic acid, one to one of water, is by far the best remedy. The skin round each wart is first protected by painting it with oil, and then the wart itself is soaked with the solution of chromic acid; this absorbs water from the tissues, coagulating and hardening the albuminous tissues at the same time, and the unsightly wart soon disappears. These warts seldom appear after

Digitized by Google

puberty on the hands, but a healthy girl, well grown, aged 15, came to the writer some time since with a dozen of them on her hands, which annoyed her for six years. Of course they much interfered with work, being always in the way. Steady use of the chromic acid removed them in a few weeks.—*Independent Practitioner.*

Treatment of Nasal Catarrh.

The case presented itself at the clinic December 1st, with nasal catarrh of two years' standing. The discharge was thick, yellow occasionally mixed with blood and scabs, and excoriated the nostrils. He was directed to cleanse the nostrils thoroughly with warm salt water twice daily, using both the anterior and posterior nasal douche, and immediately afterward the following, used in the same way:

℞ Ammonii chloridi, four ounces,
Aquæ, one pint.
M. SIG.—Tablespoonful to douche.

When the nostrils become accustomed to this, use a chlorate of potash sol. of the same strength; then after a time stop these and alternate between the two following prescriptions:

℞ Glycerini, two ounces,
Acidi tannici—add as long as it will dissolve.

℞ Cupri sulphatis,
Ferri sulphatis, take of each one drachm,
Aquæ, two drachms
M. Ft. Sol.
SIG.—Begin (with each of the above) with 5 to 10 drops to each doucheful of warm water, and gradually increase strength as high as patient can tolerate.

After alternating between the last two for a time, he may use the following:

℞ Iodoform..pulv., one drachm,
Extract. geranii., ten grains,
Acid. carbolic., fifteen drops,
Vaseline, one ounce.
M. Ft. unguentum.
SIG.—Saturate absorbent cotton with it and apply up the nostril at night

Atlanta Medical Register.

Iodide of Potassium in Frontal Headache.

Dr. Haley states, in the Australian *Medical Journal* for August, that for some years past he has found minimum doses of iodide of potassium of great service in frontal headache. A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness and a feeling of general discomfort, with distaste for food, which sometimes approach to nausea, can be completely removed by a two-grain dose dissolved in a half a wineglass of water, and this quietly sipped, the whole quantity being taken in

Digitized by Google

about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who a quarter of an hour before was feeling most miserable, and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitute its great advantage.—*Louisville Med. News.*

Croup.

In the treatment of larnygismus stridulus (spasmodic croup), Prof. Wallace highly approves of large doses of patassium bromide, given every hour or two; for a child two years old, he would give six grains every two hours. It may be given in syrup of wild cherry; or in the form of elixir of potassium bromide, which is made by the pharmacists generally.

For a long time we have placed great reliance in bromide of potassium and hydrate of chloral in the treatment of croup. We use bromide of potassium, in the manner above suggested, in the form of elixir, or with syrup of wild cherry, and where the child is quite restless, and breathes with great difficulty, we add hydrate of chloral to prescription, in the proportion of one, two or three grains to the drachm, according to the age of the child, aiming to give about one grain of chloral with each dose to children, one year old, and an increase of one grain for each year. The dose may be repeated every thirty or sixty minutes, till the child is quiet; then the interval between doses may be extended to an unlimited time, according to the behavior of the patient.—*American Medical Journal, Jan.*

Salicine in Sciatica.

Dr. Manson, of Texas, writes to the *American Bi-Weekly* that he has used silicine successfully in an obstinate case of sciatica of two years standing with success. He gave thirty grains every two hours. After taking it for two weeks in this dose, at which time he had taken over four ounces, the pain had disappeared, the patient slept soundly, had good appetite, was gaining in flesh and shedding the skin from the outside of his hands. Quite a number of remedies by the advice of good consulting physicians had, previous to the adoption of this treatment, been tried without success.

In cases of sciatica, and other obstinate forms of neuralgia which had resisted treatment, it might be tried, but perhaps not so frequently as is here given.—*Epitome.*

Digitized by Google

THE PEORIA MEDICAL MONTHLY.

EDITORS:

DR. J. MURPHY, DR. J. L. HAMILTON, DR. H. STEELE.

THOS. M. McILVAINE, A. M., M. D.,

Managing Editor and Publisher,

204 South-Jefferson Street, - - - - PEORIA, ILL.

*** All exchanges, books for review, and communications must be addressed to the Managing Editor and Publisher.

*** The publication day of this journal is on or about the 10th of each month

*** To subscribers! A pencil mark at this place indicates that the time of your subscription has expired, and that a prompt renewal is urgently requested.

Editorial Department.

Medical Organs.

By this term we do not mean organs that make music when they run, but organs that run only upon the "music" furnished by interested parties. We mean those miscalled medical journals that are the individual advertising mediums of certain pharmaceutical and wholesale drug establishments.

We call them organs, but the proper name would be prostitutes in medical journalism and frauds upon the profession, independent advertisers and the postal laws.

Such journals degrade medical journalism; their pages are filled with laudations of their owners' wares and but little else. A few physicians are induced to contribute articles, but only such are published as serve to advance the trade interests of the proprietors. The majority of the articles contained in their reading pages are so evidently "made to order" as to carry no weight and possess no value.

These organs are doing a great injustice and injury to reputable journalism, and should be held up to the profession in their proper light. They lower the estimation in which all journals are held by the medical profession. Every subscriber which they by specious pleas and promises

Digitized by Google

secure is a direct loss to the subscription lists of other journals, and they injure the advertising business of other journals in like manner.

They are frauds upon the profession, for every physician who subscribes for them pays just that much of their owners' advertising expenses, and receives but little or nothing for his money.

In like manner they are a fraud upon other advertisers, since what they pay for space in these organs is paying so much toward building up a rival's business.

They defraud the postoffice department, by being mailed as second class matter, when, in reality, they are no more entitled to the benefit of that class than a tradesman's price current. We are glad to note, however, that the postoffice authorities are now investigating the claims of some of these house organs to the benefits of these laws, and there is no doubt but that some of them will be refused admission to the mails except at printed matter rates.

Some of these frauds are so barefaced and glaring that we have but little sympathy for those who are caught by them; but others are more sly, and cover up the owners' hoof marks so cleverly that they are not easily detected.

To verify these charges one needs but to examine the "sample copies" that fill almost every physician's table (or waste basket), and he will have proof enough.

We are frequently asked by advertisers whether we are directly or indirectly connected with any rival house. This fact, too, confirms our statements.

We think the subject should be thoroughly ventilated by reputable, independent medical journals, and placed in the proper light before the profession and advertisers.

A Pharmaceutical War.

As most of our readers are doubtless aware, a very acrimonious strife has arisen between differing manufacturers of pharmaceutical preparations.

The question at issue, or rather the question which the opposing forces would wish to have appear as the real one

Digitized by Google

at issue, is: Is it ethical for physicians to use drugs which are made and sold under the trade-mark laws?

We are inclined, however, to the belief that the real question at the bottom of the whole matter is, who shall control the drug business? It is perfectly natural that each side should desire to have the backing of the medical profession; but we cannot see any propriety in the profession taking sides in the war.

It was a shrewd move to bring in the idea of ethics, for that, among doctors, is like waving a red blanket in a bull's face. A great mistake that the profession makes is that of incorporating into the system of medical ethics so many theoretical and impractical ideas and so largely ignoring the practical.

Would not an amendment like the following be of vastly more benefit to physicians than the one introduced last year by Dr. Dunster?

Resolved, When a physician is called to the care of a case which has previously been in charge of another, that it is ethical for the physician last called to refuse to take the case until the previously attending physician has been paid in full for all services rendered.

This may not be practicable, but it is much more practical than the resolution referred to, and just as easy to be carried out.

We object strongly to the profession being made a party to the strife between rival manufacturers. We, in common with a large majority of physicians, are using preparations made by both parties, and probably will continue to do so just as long as we think it to the best interests of our patients, and when the end of this pharmaceutical war is reached we believe physicians will continue in the same course which they have hitherto pursued, unbiased by the vast amount of wind expended in the fight.

A Case of Strangulated Hernia.

A case has recently come under our observation in which the results were so uncommon as to make them worthy of some mention.

Digitized by Google

The patient was a female of upwards of forty years of age; had had a left inguinal hernia for many years. Nine days before we saw her the hernia had evidently become strangulated, as all the accompanying symptoms of that condition presented themselves in regular order. All efforts at reduction proved of no avail, and the assistance of other physicians was then applied for; at this time we first saw the case. On inspection we found a peariform tumor in the left inguinal region, red and dense; palpitation gave the impression of purulent contents. No pain had been felt in the tumor for four days previous.

Being convinced of the mortified condition of the protruding intestine, and fearing that the patient would not survive any severe operative procedure, it was decided by those present to open the tumor, evacuate the contents and be guided in further measures by the condition of the patient. We should mention that the abdomen was tense and tympanitic, and the pulse feeble and quick, and intermittent. A small opening through the skin was made, when it was found that the bowel had ulcerated to within one-eighth of the surface of the skin. The gut was next opened and a considerable quantity (several ounces) of pus and decomposed fecal matter escaped. Quantities of gas also came out, and a probe cautiously introduced passed beyond the stricture into the bowel. The gut was of course softened and mortified. The condition of the patient was such, however, that all further operative measures were postponed, and warm poultices ordered to be applied.

The next day the general condition of the patient was much improved, the hard, tense, tympanitic condition of the abdomen was all gone, her pulse was better, and very little fecal matter was escaping from the wound.

Two days later about five inches of the lacerated gut sloughed away and was simply picked out of the wound. Five days later the patient had several natural operations from the bowels, and now, two weeks from the opening into the bowels, she is about recovered.

We will not offer any criticism on the treatment further than merely to suggest that it is not a good plan to wait eight days before operating in cases of strangulated

Digitized by Google

hernia, and that the course pursued in this case is not advisable, since we doubt whether such happy results will always be had. There is but one explanation to be offered for this remarkable termination, and that is, that adhesive inflammation took place between the two adjacent segments of the incarcerated gut, ulceration of the internal portions just above the point of stricture followed, and by this means the integrity of the intestine was restored. There can be no doubt that the pieces taken away *were* pieces of the intestine, for they were examined and so pronounced by several competent medical gentlemen.

The case is also remarkable as being one of inguinal hernia in a female.

Notes and Items.

It is said that the late Prof. Pancoast's estate amounted to a round million of dollars.

Dr. Harry M. McClanahan has removed from Alexis, Illinois, to Fort Belknap, Montana.

The Medical Department of Pennsylvania University graduated 122 M. D.'s at the close of the past session.

The Illinois State Medical Society will meet at Quincy on Tuesday, May 16th. A large attendance is desired and expected.

Professor Joseph Pancoast, of Jefferson Medical College, died on Tuesday, March 7th, at his residence in Philadelphia, aged 77.

A man recently exposed to small-pox took as a preventive three quarts of whisky. The coroner's jury decided that he died from "excessive prophylaxis."

Louisville, Ky., now contains five regular medical colleges. Three of these hold a spring and summer course, and graduate those students who have escaped graduation during the winter.—*Chicago Med. Review.*

The Michigan *Med. News* adds to the above that "there are still two or three doctors in Louisville who are not professors, but are full privates from choice."

Digitized by Google

We give this month the table of contents for Volume II, now complete. It contains eight pages, but the space is not taken from our regular number of reading pages. We are certain that this will be appreciated by all our readers.

Gray's Anatomy has been translated into Chinese, and appears in six volumes. We will wager our pile that a Chinese medical student can't get a diploma in two years—not in China, at least. He may, however, in this country.

The St. Paul meeting of the American Medical Society, which convenes June 6th, will probably be presided over by Vice-President Dr. P. O. Hooper, of Little Rock, Ark. President J. J. Woodward has been compelled through ill-health to take a trip to Europe.

The *Western Medical Reporter* has changed its form again. This journal of many changes, many pages of Chapman, Green & Co.'s advertisements and many editors, although only started in 1880, has attained its fourth volume. How this is figured out is a conundrum.

Wishing to have as much regularity as possible in our subscription books, we will make the following inducement to subscribers whose renewals have not yet been received: *On receipt of a dollar we will credit you for one year from May, 1882.* This will give you the numbers since the expiration of your year, free; but in order to obtain this all renewals under this offer must be made before May 1st. At that time names of delinquents will be dropped from our books.

The Detroit *Clinic* of March 15th, 1882, is nearly filled up with a poem by D. Bethune Duffield,—whether M. D. or not we cannot tell. In praising (allegorically) anæsthesia he quotes the line, "For pity runneth soon in gentle heart," and gives credit in a foot note to "Chancre." By this we suppose he is a doctor; but why he thus refers to chancre we cannot guess, unless he is in the habit of administering an anæsthetic when cauterizing this sort of thing. Perhaps, again, the printer is a doctor, and so got Chaucer and chancre mixed. We are all muddled over the solution and give it up, and call on the "gentle poet" for an explanation.

Digitized by Google

"The Louisville *Medical News* tells of an Illinois doctor who applied one end of a tube stethoscope over a patient's abdomen, but applied his eye instead of his ear to the other end. After a careful inspection in this manner, he informed the patient that he (the patient) had a scum growing over the liver, and unless its growth was arrested the consequences would be fatal. In justice to the Illinois State Board of Health it should be stated that this charlatan was legally qualified through the fact that he had practiced his knavery for ten years."—*Michigan Med. News.*

Without this latter explanation we should have supposed that he was a Louisville graduate.

Dr. Roberts Bartholow delivered the annual oration before the Alumni Association of the University of Maryland, on the subject: "Some Points in Medical Politics." It is published in full in the Maryland *Medical Journal*, and should be read by every physician. He says: "Is the medical profession prepared to descend into the arena on equal terms with homœopathists, allopathists, eclectics, botanical doctors and the whole catalogue of irregulars? I hope, gentlemen, that the influence of the physicians composing this Alumni Association will be strongly exerted against this movement."

Receipts for March.

In this place we will print the names of those from whom money has been received during each month. Parties remitting will please note whether their names are credited, and if they are not, notify us by postal card:

ILLINOIS.—Drs. J. S. Geigley, J. T. Wilson, W. A. Tait, C. V. Massey, F. W. Dimmett, Leslie Gillett, R J. Allmond, E. O. Gratton, G. W. Downey, W. W. Cook, S. C. Latham, A. T. Bartlett, C. H. Fegers, Jno. McGinnis, W. H. H. Crane, J. A. Monroe, J. Brannen, S. McNair, R. A. Kerr, (2 years) J. N. Speed, G. L. Corcoran, W. T. McLean, J. M. Ausley, W. E. Gilliland, W. H. Weirich, E. T. Wood, T. R. Plummer, H. Nance, L. L. Leeds, W. H. Eldred.

IOWA.—Drs. Z. E. Funk, W. H. Roberts, H. Jenkins, F. M. Powell, A. V. Benedict.

WISCONSIN.—Drs. W. G. Kemper, G. H. Haddy, E. J. Ziegler.

MISSOURI.—Drs. I. J. Jones, W. S. Sanders.

KANSAS.—Drs. Woodring and Garrison, W. H. Smethers, D. C. Tyler.

MARYLAND.—Dr. J. I. T. Long.

KENTUCKY.—Dr. H. T. Kalfus.

INDIANA.—Dr. S. Hunt.

NEBRASKA.—Dr. T. E. Webb.

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

[redacted]
HC 4DE3 K

NB620

Digitized by Google

Digitized by Google